MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

411-124-c28-793

PLACE OF BIRTH

County of Kootenai

City of Harrison

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-15

CERTIFICATE OF BIRTH

66858

Registration District No. 126 File No. 2

Primary Registration District No. 2204 Registered No. 34

FULL NAME OF CHILD Carmine Damiano

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	June 24 1896

FATHER		MOTHER	
FULL NAME	Frank Damiano	FULL MAIDEN NAME	Mary Puccano
RESIDENCE	Harrison Ida.	RESIDENCE	Harrison, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	43 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Italy	BIRTHPLACE	Italy
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at ..... M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

.....
Registrar

(Signature) Frank Damiano

Frank

(Physician or midwife)

Address Harrison Ida

Filed Mar 1 19 19 J. M. Tenney
Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11—25m-6-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

73827

County of Cassia

City of Albion

313-124-016-962 No. ____ St.

Hospital ____

Registration District No. 117

Primary Registration District No. 2176

File No. [illegible]

Registered No. 1391

Full Name of Child Derrald Vaughn Caldwell

SEX OF CHILD	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	DATE OF BIRTH
male			yes	8 (Month) 24 (Day) 1896 (Year)

FATHER

FULL NAME John L. Caldwell

RESIDENCE

COLOR White

AGE AT LAST BIRTHDAY 59 May 9 (Years)

BIRTHPLACE Rush Valley, Utah

OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME Hala A. Robbins

RESIDENCE

COLOR White

AGE AT LAST BIRTHDAY 44 Sept. 17 (Years)

BIRTHPLACE 12 miles East of Malad City

OCCUPATION House Keeper

Number of child of this mother, including present birth ____ Number of children of this mother now living, including present birth ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at ____ on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) ____

Dora A. Quinn (Physician or midwife)

Given names added from a supplemental report.

____ 19____

____ Registrar

He now dead

[redacted] 1st 191[illegible] Dr. J. E. Porter

[illegible]rar

PLACE OF BIRTH

(Signature)

Address .....

Phone .....

PLACE OF BIRTH
1893 113003-255

RECEIVED
AUG 7 1925
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Pocatello

No. ..... St. Registration District No. 28 State File No. 133198

Hospital ..... Primary Registration District No. ..... Local Registrar's No. .....

FULL NAME OF CHILD John Calvin Hickey
(Certificate of no value without full name of child)

Sex of Child Male | Twin, Triplet or other? | and | Number in order of birth (To be answered only in event of plural births) | Legitimate? Yes | Date of birth June 13th 1896 (Month) (Day) (Year)

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth One Number of child of this mother now living, including present birth One

FATHER		MOTHER	
FULL NAME	George Lloyd Hickey	FULL MAIDEN NAME	Lyra Pearl Bennett (Hickey)
RESIDENCE	Palestine, Texas	RESIDENCE	Palestine, Texas
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	18 (Years)
BIRTHPLACE	Addison, Ontario, Canada	BIRTHPLACE	Rawlins, Wyoming
OCCUPATION	Railroad employee	OCCUPATION	Housework

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was { Born alive / Stillborn } at ..... M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

..... , 192...

..... Registrar.

(Signature) George Lloyd Hickey
Father
[redacted] East Ely Nev
Address
Filed Aug. 7 1925 J. W. Almond State Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH
3/9 212029 556
County of Latah
City of Moscow
No. ..... St.
Hospital .....

RECEIVED
DEC 7 1925
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

136680

CERTIFICATE OF BIRTH

Registration District No. 61 State File No. .....
Primary Registration District No. 1011 Local Registrar's No. .....

FULL NAME OF CHILD Frances Carle
(Certificate of no value without full name of child)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	May 12 1896

What bactericidal solution was used in eyes? Not any kind

Number of child of this mother, including present birth 7th Number of child of this mother now living, including present birth 7th

FATHER	MOTHER
FULL NAME: William Franklin Carle	FULL MAIDEN NAME: Dora Alice Newell
RESIDENCE: Moscow, Idaho	RESIDENCE: Moscow, Idaho
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 39 (Years)	AGE AT LAST BIRTHDAY: 31 (Years)
BIRTHPLACE: State of Indiana	BIRTHPLACE: Farm Ridge State of Illinois
OCCUPATION: Farmer	OCCUPATION: Dining room Girl

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was {Born alive / [illegible]} at 10 o'clock A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 192...

..... Registrar.

(Signature) Mrs Dora A. Carle

Mother

(Physician or Midwife)

Address Perry Siding, B. C. Canada

Filed Nov 28 1925

Dagny Carroll State Registrar.

SEP 26 1956

415-115-02 & H4

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 153819

County of Latah

City of Moscow

No. 528 Fruit St. RECEIVED AUG 10 1927 Registration District No. 61 File No.

Hospital H Primary Registration District No. 1011 Registered No. 79

FULL NAME OF CHILD Donald Kirk David.
(Certificate of no value without full name of child.)

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	Feb. 15 1896 ~~192~~

What bactericidal solution was used in eyes?

Number of child of this mother, including present birth 5 Number of child of this mother now living, including present birth 5

FATHER		MOTHER	
FULL NAME	Frank Alvah David	FULL MAIDEN NAME	Ella Jameson David
RESIDENCE	Moscow, Idaho	RESIDENCE	Moscow, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	41 (Years)	AGE AT LAST BIRTHDAY	39 (Years)
BIRTHPLACE	Montford, Wisconsin	BIRTHPLACE	Albany, Wisconsin
OCCUPATION	Merchant	OCCUPATION	housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at nine A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. H. Carithers M.D.
(Physician or midwife)

Address Moscow Id.

Give names added from a supplemental report.

....., 19.....

Filed July 30" 1927 W.H. Carithers
Registrar.

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 15 1970

1538119

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

314-104-009-553

PLACE OF BIRTH

County of Bonner

City of Priest River

No. ..... St.

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 154107

Registration District No. ..... State File No. 15 4107

Prim. Registration District No. ..... Local Registrar's No. .....

FULL NAME OF CHILD CAMOZZI, PETER PAUL

(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male	✓		✓	Yes	December 4th 1896

What prophylactic was used to prevent Ophthalmia Neonatorum? None

Number of child of this mother, including present birth 2 (a) Born alive and now living 2

Born alive but now dead None. Stillborn None

FATHER

FULL NAME CAMOZZI, JOSEPH.

Residence (Usual place of abode) Priest River, Idaho

If nonresident, give place and State Resident.

Color or race Italian Age at last Birthday 32 (Years)

Birthplace TURINO, near. (City and State or Country)

Occupation Farmer.

MOTHER

FULL MAIDEN NAME VELTRI, CARMINA

Residence (Usual place of abode) Priest River, Idaho

If nonresident, give place and State Resident

Color or race Italian Age at last Birthday 22 (Years)

Birthplace Grimaldi (City and State or Country)

Occupation Farmers wife.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was {Born alive / ~~Stillborn~~} at 4.30 A. M. on the date above stated.

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Joseph Camozzi

FATHER

(~~Physician or midwife~~)

Address REVELSTOKE B.C. CANADA.

Filed Aug 29 1927 David Durrell Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH — APR 4 1929

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

169142

CERTIFICATE OF BIRTH

County of Kootenai
City of St. Maries, Idaho
No. ..... St. .....
(If born in hospital or institution give name.)

Registration District No. 2044 State File No. 1

Prim. Registration District No. ..... Local Registrar's No. .....

FULL NAME OF CHILD Mark Rochat
(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male			yes	May 5 1896

What prophylactic was used to prevent Ophthalmia Neonatorum? none

Number of child of this mother, including present birth 1 (a) Born alive and now living yes

Born alive but now dead ..... Stillborn .....

FATHER		MOTHER	
FULL NAME	Paul Rochat	FULL MAIDEN NAME	Leah Jacot
Residence (Usual place of abode)	St. Maries, Ida.	Residence (Usual place of abode)	St. Maries, Idaho
If nonresident, give place and State		If nonresident, give place and State	
Color or race	White	Color or race	White
Age at last Birthday (Years)	28	Age at last Birthday (Years)	19
Birthplace (City and State or Country)	St. Paul, Minnesota	Birthplace (City and State or Country)	Canton Neuchatel, Switzerland
Occupation	Farmer	Occupation	housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was {~~Stillborn~~ / Born alive} at 11 A. M. on the date above stated.

(Signature) Paul Rochat

(Physician or midwife)

Address St. Maries, Idaho

Filed APR 4 1929 C. K. Macey State Registrar.

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

JUN 16 1942

352-108-004-264

PLACE OF BIRTH

Form V. S. No. 11—20m-7-26-19

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise,

No. ..... St.

Hospital .....

Registration District No. 2

Primary Registration District No. 1004

File No. 175989

Registered No. 482

FULL NAME OF CHILD Edgar Lessinger,

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male,			3rd,	Yes,	8- -1896

FATHER	MOTHER
FULL NAME: Jean Jaques, Lessinger	FULL MAIDEN NAME: Marie Rose Boulanger,
RESIDENCE: Boise, Idaho	RESIDENCE: Boise, Idaho.
COLOR: White	COLOR: White.
AGE AT LAST BIRTHDAY: 37 (Years)	AGE AT LAST BIRTHDAY: 37 (Years)
BIRTHPLACE: France	BIRTHPLACE: France,
OCCUPATION: Soldier,	OCCUPATION: Housewife.

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... on the date above stated. ....., at ..... M.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar.

(Signature) .....

Geo Cuccia

(Physician or midwife)

Address Boise Idaho

Filed 11-26 1929 W. H. Rhodes R. S. Registrar.

MAY 24 1944

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Latah

City of Moscow

No. 125 Almon St.

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. ..... State File No. 179212

Prim. Registration District No. ..... Local Registrar's No. .....

FULL NAME OF CHILD Leon Robert Barton

(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male				yes	Dec. 15 1896 19

What prophylactic was used to prevent Ophthalmia Neonatorum? Arg. Nit 1%

Number of child of this mother, including present birth 1 (a) Born alive and now living 1

Born alive but now dead ..... Stillborn .....

FATHER		MOTHER	
FULL NAME	Edward Turner Barton	FULL MAIDEN NAME	Marietta Alice Smith
Residence (Usual place of abode)	Moscow Idaho	Residence (Usual place of abode)	Moscow Idaho
If non-resident, give place and State		If non-resident, give place and State	
Color or race	White	Color or race	White
Age at last Birthday (Years)	26	Age at last Birthday (Years)	29
Birthplace (City and State or County)	Girard, Kansas	Birthplace (City and State or County)	Frankfort, Mich.
Occupation	Deputy County Auditor	Occupation	Teacher

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was {Born alive / ~~Stillborn~~} at ..... M. on the date above stated.

(Signature) Chas. E. Gritman M.D.

(Physician ~~or midwife~~)

Address Moscow Idaho

Filed March 27 1930. Bessie N Lepper State Registrar.

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Idaho County

City of Idaho State

No. 753-209.0 St. 25-129

(IF BORN IN HOSPITAL OR INSTITUTION GIVE NAME.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

1896 94

187694

Registration District No. _____ State File No. _____

Prim. Registration District No. _____ Local Registrar's No. _____

FULL NAME OF CHILD Lucy Valeray Getty

(IF STILLBORN SUBSTITUTE THE WORD "STILLBIRTH" FOR NAME OF CHILD)

Sex of Child: girl | Twin Triplet or other? X | and Number in order of birth: Sixth | Legitimate? | Date of birth: Dec. (MONTH) 9 (DAY) 1896 (YEAR)

(TO BE ANSWERED ONLY IN EVENT OF PLURAL BIRTHS)

What prophylactic was used to prevent Ophthalmia Neonatorum? _____

Number of child of this mother, including present birth Sixth (a) Born alive and now living Yes

Born alive but now dead _____ Stillborn _____

FATHER	MOTHER
Full Name: George Robert Getty	Full Maiden Name: Emma Sophrona Abraham
Residence (Usual place of abode): Cayuse	Residence (Usual place of abode): Country
If non-resident, give place and State: Detroit Wis	If non-resident, give place and State: Day on Washington
Color or race: White Age at last Birthday: 54 (YEARS)	Color or race: White Age at last Birthday: 47 (YEARS)
Birthplace: County Wis (CITY AND STATE OR COUNTY)	Birthplace: Columbia Co. Washington (CITY AND STATE OR COUNTY)
Occupation: Farmer	Occupation: Housekeeper

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was {Born alive / Stillborn} alive at _____ M. on the date above stated.

Midwife Helen M. Getty

(Signature) Geo. Getty

(PHYSICIAN OR MIDWIFE)

Address Vernon, B.C. Canada

Filed 2-12-31 193

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

DELAYED

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated.

1. PLACE OF BIRTH

County of Gooding

City of Bliss

No. 239 [illegible] 619

(If born in hospital or institution give name.)

[illegible] FARE
[illegible] ICS
[illegible] H 193513

Registration District No. _____ State File No. _____

Prim. Registration District No. _____ Local Registrar's No. _____

2. FULL NAME OF CHILD Lydia Eunice Bliss

3. Sex	If plural births: 4. Twin, triplet, or other	5. Number, in order of birth	6. Premature / Full term	7. Legitimate?	8. Date of birth (MONTH, DAY, YEAR)
Female			Full term	yes	Oct. 7, 1896

	FATHER	MOTHER
9. Full name	Fred G. Bliss	
18. Full maiden name		Mary Louise Harden
10. Residence (usual place of abode) (If non-resident, give place and State)	Bliss	
19. Residence (usual place of abode) (If non-resident, give place and State)		Bliss
11. Color or race	White	
12. Age at last birthday	21 (years)	
20. Color or race		White
21. Age at last birthday		17 (years)
13. Birthplace (city or place) (State or country)	Mountain Home	
22. Birthplace (city or place) (State or country)		Golden Valley Utah
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	Farmer	
OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.		Housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.		
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.		
16. Date (month and year) last engaged in this work, 19__		
25. Date (month and year) last engaged in this work, 19__		
17. Total time (years) spent in this work	4 yrs	
26. Total time (years) spent in this work		

27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living _____ (b) Born alive but now dead _____ (c) Stillborn _____

28. If stillborn, period of gestation _____ months or weeks

29. Cause of stillbirth _____ Before labor _____ During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Alive (BORN ALIVE OR STILLBORN) at 11:30 P. m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____ (DATE OF)

(Signed) _____, M. D.

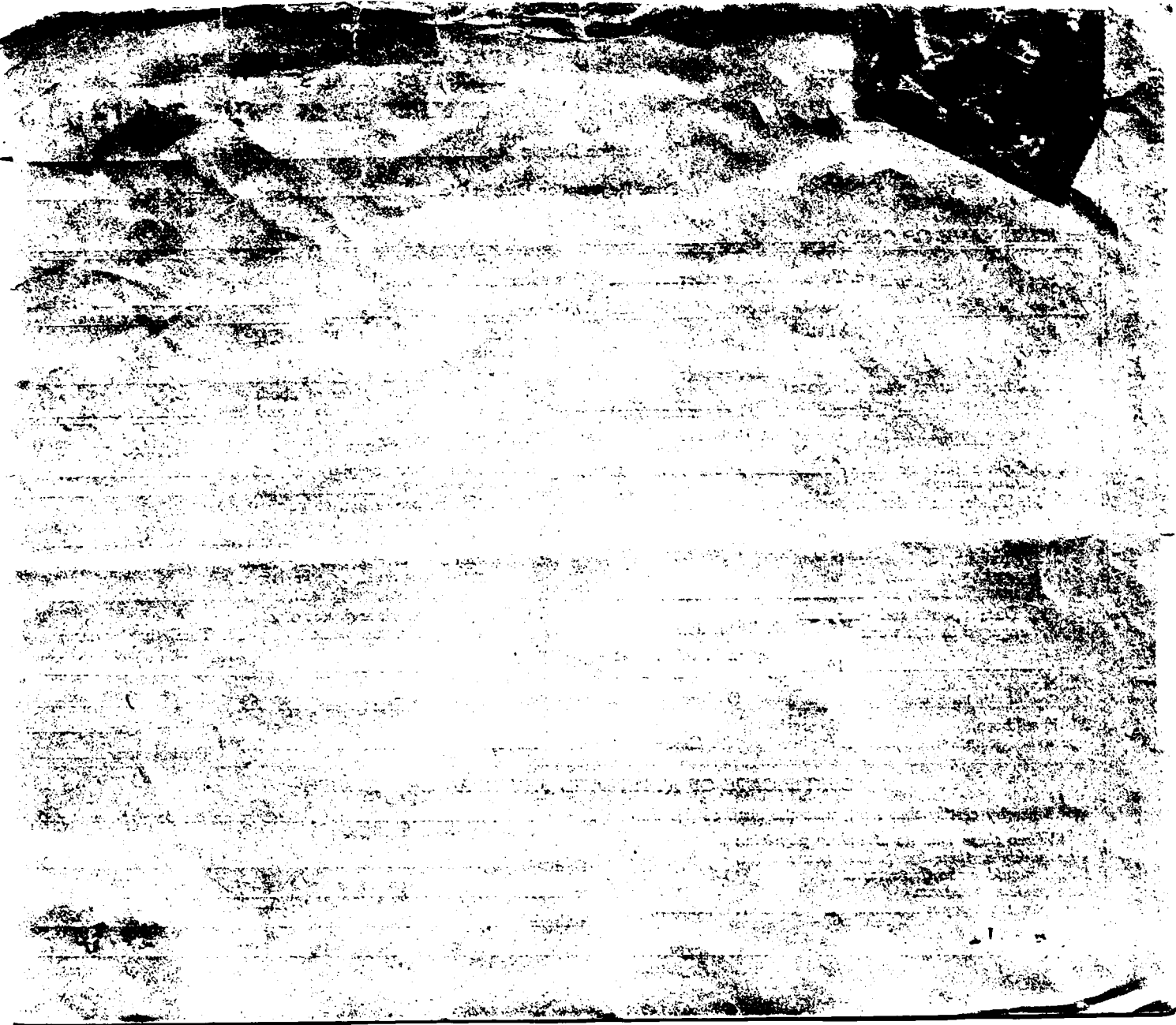
or Mrs Alice Sutton, Midwife

Address _____

Filed Sept [illegible], 1931

_____ Registrar.

_____ Registrar.



STATE OF IDAHO :
: SS
COUNTY OF LINCOLN:

Mrs. Alice A. Fuller, being first duly sworn, deposes and says. I am 68 years of age, residing at Shoshone, Lincoln County, Idaho. I am the sister of Fred G. Bliss, residing at Bliss, Gooding County, Idaho. I was present on October 7th, 1896, at Bliss, Gooding, County, Idaho, at the birth of Lydia Eunice Bliss, daughter of Fred G. Bliss.

This is for the purpose of establishing the date of birth of Lydia Eunice Bliss, as no public record made of said birth.

Mrs Alice A Fuller

Subscribed and sworn to before me this 9th day of September, 1931, and I hereby certify that this affidavit was read by affiant in my presence before he subscribed his name thereto.

J. M. Mahon
Notary Public for the State of Idaho, residing at Shoshone State of Idaho.

789-105 001-253

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of ~~Ada~~ ADA

City of BOISE

No. 1712-N-8- St.

(If born in hospital or institution give name.)

RECEIVED SEP 21 1931

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS 194358

CERTIFICATE OF BIRTH 194358

Registration District No. 2 State File No.

Prim. Registration District No. 1004 Local Registrar's No. 257

FULL NAME OF CHILD William Garland Phillips
(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	(To be answered only in event of plural births)			yes	May 5 1896

What prophylactic was used to prevent Ophthalmia Neonatorum?

Number of child of this mother, including present birth 5 (a) Born alive and now living 5

Born alive but now dead ~~Dead~~ Stillborn

FATHER		MOTHER	
FULL NAME	Edwin Oscar Phillips	FULL MAIDEN NAME	Hattie Ann Bellamy
Residence (Usual place of abode)	Boise Idaho	Residence (Usual place of abode)	
If non-resident, give place and State		If non-resident, give place and State	
Color or race	white	Color or race	white
Age at last Birthday	36 (Years)	Age at last Birthday	26 (Years)
Birthplace	Lynchburg Virginia (City and State or County)	Birthplace	Elkport Clayton Co Iowa (City and State or County)
Occupation	Carpenter	Occupation	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was { Born alive / ~~Stillborn~~ } at M. on the date above stated.

(Reference)

(Signature) Margaret E Evans

Hattie Ann Phillips

mother (Physician or midwife)

Address 1202 Borthwick, Portland Ore

Filed 9-14 1931 W. H. Rhodes
Registrar.

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

DELAYED

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Bannock

City of McCammon

No. ..... St.

343-106 003-419

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

1967 37
196737

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

FULL NAME OF CHILD Andrew Franklin Cutler.

(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month)	(Day)	19 (Year)
male		3		2	6	1896

What prophylactic was used to prevent Ophthalmia Neonatorum? .....

Number of child of this mother, including present birth 3 (a) Born alive and now living 3

Born alive but now dead — Stillborn none.

FATHER		MOTHER	
FULL NAME	Andrew Cutler	FULL MAIDEN NAME	Maggie Jane Martin
Residence (Usual place of abode)	Fort Hall Ida	Residence (Usual place of abode)	Fort Hall Ida.
If nonresident, give place and State		If nonresident, give place and State	—
Color or race	White	Color or race	White
Age at last Birthday	63 (Years)	Age at last Birthday	57 (Years)
Birthplace	Brigham City Utah (City and State or Country)	Birthplace	Deerlodge Montana (City and State or Country)
Occupation	Farmer	Occupation	home Keeper

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was {Born alive / ~~Stillborn~~} at 3 9. M. on the date above stated.

(Signature) Maggie Jane Cutler

Mother (~~Physician or midwife~~)

Address Fort Hall Idaho

Filed Jan 1923 .....

Registrar.

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of CANYON

City of CALDWELL

No. 512 1/2 17014 512 St.

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 196753

196753

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

FULL NAME OF CHILD Walter Lee Vassar

(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) FEB. (Day) 17TH (Year) 1896
M				

What prophylactic was used to prevent Ophthalmia Neonatorum? .....

Number of child of this mother, including present birth ..... (a) Born alive and now living .....

Born alive but now dead ..... Stillborn .....

FATHER

FULL NAME WILLIAM VASSAR

Residence (Usual place of abode) DECEASED

If non-resident, give place and State .....

Color or race WHITE Age at last Birthday 50 (Years)

Birthplace KANSAS (City and State or County)

Occupation FARMER

MOTHER

FULL MAIDEN NAME NELLIE MAY EASLEY

Residence (Usual place of abode) DECEASED

If non-resident, give place and State .....

Color or race WHITE Age at last Birthday 30 (Years)

Birthplace ELGIN OREGON (City and State or County)

Occupation .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was { Born alive / Stillborn } **at** ..... **M. on the date above stated.**

(Signature) Walter Lee Vassar

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

[redacted]

Address Wetaskiwin, Alberta.

Filed July 1935

Registrar.

This is Exhibit " A " referred to in the Declaration of Walter Lee Vassor declared before me at the City of Wetaskiwin in the Province of Alberta this 9th day of January A. D. 1932.

Bruce A Howitt

A Notary Public in and for the Province of Alberta .

C A N A D A)
PROVINCE OF ALBERTA)
TO WIT :)

IN THE MATTER OF A BERTH CERTIFICATE FOR WALTER LEE VASSAR OF THE CITY OF WETASKIWIN IN THE PROVINCE OF ALBERTA , Electrician

I , Walter Lee Vassar of the City of Wetaskiwin in the Province of Alberta , Electrician ,

MAKE OATH AND SAY :

1. That to the best of my knowledge , information and belief I was born at Caldwell in the State Idaho in the United States of America on the 17th day of September 1896 .

2. That hereunto annexed marked " Exhibit A " is a statement made by me which statement is true in so far as I have been advised or am aware .

AND I make this solemn declaration conscientiously believing it to be true , and knowing that it is of the same force and effect as if made under oath , and by virtue of The Canada Evidence Act .

DECLARED BEFORE ME AT THE)
City of Wetaskiwin in the)
Province of Alberta this 9th) Walter Lee Vassar
day of January A. D. 1932.

A Notary Public in and for the Province of Alberta .

943 187001 296

201119

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Ada

City Near Boise

No. Route 2 St.

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 201119

Registration District No. 8 State File No.

Prim. Registration District No. 2094 Local Registrar's No.

FULL NAME OF CHILD Maurice Beigle Rutledge
(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
M				Y	Dec. 7, 1896

What prophylactic was used to prevent Ophthalmia Neonatorum?

Number of child of this mother, including present birth 3 (a) Born alive and now living 3

Born alive but now dead 0 Stillborn 0

FATHER		MOTHER	
FULL NAME	Ira M. Rutledge	FULL MAIDEN NAME	Carrie D. Brown
Residence (Usual place of abode)	Route 2	Residence (Usual place of abode)	same
If non-resident, give place and State		If non-resident, give place and State	
Color or race	W	Color or race	W
Age at last Birthday (Years)	32	Age at last Birthday (Years)	21
Birthplace (City and State or County)	Ill.	Birthplace (City and State or County)	Mo.
Occupation	Farming	Occupation	H.W.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was {Born alive / ~~Stillborn~~} at 4 M. on the date above stated.

(Signature) Carrie D Rutledge
mother
(Physician or midwife)

Address Boise (916 State)

Filed 5-13 1932 W. H. Rhodes
Registrar

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Mrs. Howard Little
Route 2

Mrs. E. L. Minton
1120 Washington

} references

659-218-003-484

205913

PLACE OF BIRTH

RECEIVED SEP 17 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

205913

County of Bannock

City of Pocatello

No. ..... St.

(If born in hospital or institution give name.)

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

FULL NAME OF CHILD Alyse June Weideman
(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female				Yes	April 18 1896

What prophylactic was used to prevent Ophthalmia Neonatorum? .....

Number of child of this mother, including present birth 4th (a) Born alive and now living 3

Born alive but now dead ..... Stillborn 1

FATHER		MOTHER	
FULL NAME	Frederick Weideman	FULL MAIDEN NAME	Mattie Drummond
Residence (Usual place of abode)	Pocatello, Idaho	Residence (Usual place of abode)	Pocatello, Idaho
If non-resident, give place and State		If non-resident, give place and State	
Color or race	White	Color or race	White
Age at last Birthday (Years)	35	Age at last Birthday (Years)	34
Birthplace (City and State or County)	Gruenz, Germany	Birthplace (City and State or County)	Williamsport, Penn.
Occupation	Merchant	Occupation	Housewife

CERTIFICATE ~~OF ATTENDING PHYSICIAN OR MIDWIFE~~

I hereby certify that ~~I attended the birth of~~ this child, ~~who~~ was { Born alive / ~~Stillborn~~ } at ..... M. on the date above stated.

(Signature) Alyse J. Baxter.

Subject of above report.

~~(Physician or midwife)~~

Address Los Angeles, Calif.

Filed Sept. 17 1932 .....

Registrar.

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

State of California)
(ss
County of Los Angeles)

On this 15th day of September, 1932, before me, C. C. Riley, a notary public in and for said county, personally appeared Alyse J. Baxter, known to me to be the person whose name is subscribed to the within instrument and acknowledged to me that she executed the same.

Witness my hand and official seal.

C. C. Riley

NOTARY PUBLIC

My Commission Expires Feb. 21, 1934.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho, } ss.
County of Bannock, }

Certificate No. 205913

Date Filed APR 10 1942

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death) for Alyse June Weideman (Name on Original Certificate) who was born (Was Born or Died) on April 18th, 1896, (Date of Event) in Pocatello, Idaho, (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Bible record of her near relative's (Bible Record, Insurance Policy, Etc.) prepared on date of birth, April 18, 1896 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
birthdate	April 18, 1898	April 18, 1896
birthplace of mother	Williamsport, Pa.	Dauphin, Penn.

Subscribed and sworn to before me this 20th day of March, 19 42.

Rita Hartle

Notary Public, residing at Pocatello, Idaho.

My commission expires December 5th, 1944.
(Seal)

Signed Elsie Weideman Brown
older sister
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

937 S. 5th Ave., Pocatello, Idaho.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho, } ss.
County of Bannock, }

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 20th day of March, 19 42.

Rita Hartle

Notary Public, residing at Pocatello, Idaho.

My commission expires December 5th, 1944.
(Seal)

Signed Theo J. Turner
(Signature of Any Credible Person Other Than Previous Year)

324 W. Center St., Pocatello, Idaho.
(Street Address, City, State)

RECEIVED SEP 11 1933

214340

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than One child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH 239-119 029813
County of Latah.
City of Kendrick.
No. Main Street. St.
Born at home.
(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH 214340

Registration District No. ..... State File No. .....
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Edward Lincoln Strain.

3. Sex	If plural births: 4. Twin, triplet, or other	5. Number, in order of birth	6. Premature	7. Legitimate?	8. Date of birth (Month, Day, Year)
male			Full term yes	yes	June 19, 1896.

FATHER	MOTHER
9. Full name: Barton W. Strain.	18. Full maiden name: Agnes Hall.
10. Residence (usual place of abode) 1801-13th Ave. (If non-resident, give place and State) Lewiston, Ida. and 1923 Fourteenth Ave.	19. Residence (usual place of abode) 1923-14th Ave. (If non-resident, give place and State) Lewisto., Idaho.
11. Color or race White 12. Age at last birthday 74 37 (years)	20. Color or race White 21. Age at last birthday 73 35 (years)
13. Birthplace (city or place) (State or country) Willmington Illinois.	22. Birthplace (city or place) (State or country) Streetsville Canada.
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc: Carpenter.	OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife.
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.
16. Date (month and year) last engaged in this work: November, 1918	17. Total time (years) spent in this work: 35yrs
25. Date (month and year) last engaged in this work: still keeping house	26. Total time (years) spent in this work: 55yrs

27. What prophylactic was used to prevent Ophthalmia Neonatorum? not known what was used.

28. Number of children of this mother (At time of this birth and including this child) Edward Lincoln Strain (a) Born alive and now living 4th (b) Born alive but now dead 2 (c) Stillborn 0

29. If stillborn, period of gestation ..... months or weeks 30. Cause of stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 6:10 A. M. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) Mrs Agnes Strain Mother., M.D. and Barton W. Strain Father., Midwife

Give name added from a supplemental report .....
(Date of)

Address 1923-14th Avenue, Lewiston, Ida.

Filed Sept, 1933

Registrar. Registrar.

MAY 23 1968

MRS. LUELLA DUNCAN, 13th and Idaho Sts. Lewiston, Idaho.

MRS. JESS COLLINS, 542- Parkway, Lewiston, Idaho.

MRS. LULU HARRIS, Orofino, Idaho.

DELAYED

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.— In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Canyon

City of Caldwell

No. Cleveland Blvd St.

386 125 014 719

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

215860

CERTIFICATE OF BIRTH 215860

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

FULL NAME OF CHILD Merle H. Thorp

(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male				Yes	March 25, 1896

What prophylactic was used to prevent Ophthalmia Neonatorum? .....

Number of child of this mother, including present birth 1st (a) Born alive and now living .....

Born alive but now dead ..... Stillborn .....

FATHER		MOTHER	
FULL NAME	William H. Thorp	FULL MAIDEN NAME	Rose Elma Farrow
Residence (Usual place of abode)	Caldwell, Idaho	Residence (Usual place of abode)	Caldwell, Idaho
If non-resident, give place and State		If non-resident, give place and State	
Color or race	White	Color or race	White
Age at last birthday (Years)	28	Age at last birthday (Years)	20
Birthplace (City and State or County)	Scio Linn Co. Oregon	Birthplace (City and State or County)	Oregon
Occupation	Sheriff	Occupation	Housework

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was { Born alive / ~~Stillborn~~ } at ..... M. on the date above stated.

(Signature) W. H. Thorp

Father

(Physician or midwife)

Address Seattle Wash

Filed 10/21 19 33

Registrar.

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

DELAYED

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.— In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Payette

City of Payette

No. ..... St.

396 104038 753

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

2 6 14

CERTIFICATE OF BIRTH 220614

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

FULL NAME OF CHILD Paul Eloh Crowther

(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth
Male				Yes	June 4, 1896 (Month) (Day) (Year)

What prophylactic was used to prevent Ophthalmia Neonatorum? .....

Number of child of this mother, including present birth 3 (a) Born alive and now living 3

Born alive but now dead ..... Stillborn .....

FATHER

FULL NAME Walter M. Crowther

Residence (Usual place of abode) Payette

If non-resident, give place and State .....

Color or race White Age at last birthday 42 (Years)

Birthplace Iowa (City and State or County)

Occupation Minister

MOTHER

FULL MAIDEN NAME Belle S. Peterson

Residence (Usual place of abode) Payette

If non-resident, give place and State .....

Color or race White Age at last birthday 32 (Years)

Birthplace Denmark (City and State or County)

Occupation Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was { Born alive / ~~Stillborn~~ } at ..... M. on the date above stated.

(Signature) Paul E Crowther

(Physician or midwife)

Address 52 Trinity Place, Portland Ore.
(Brother's Address)

Filed ..... 19 39 .....
Registrar.

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

DELAYED why 39 in 34 Batch

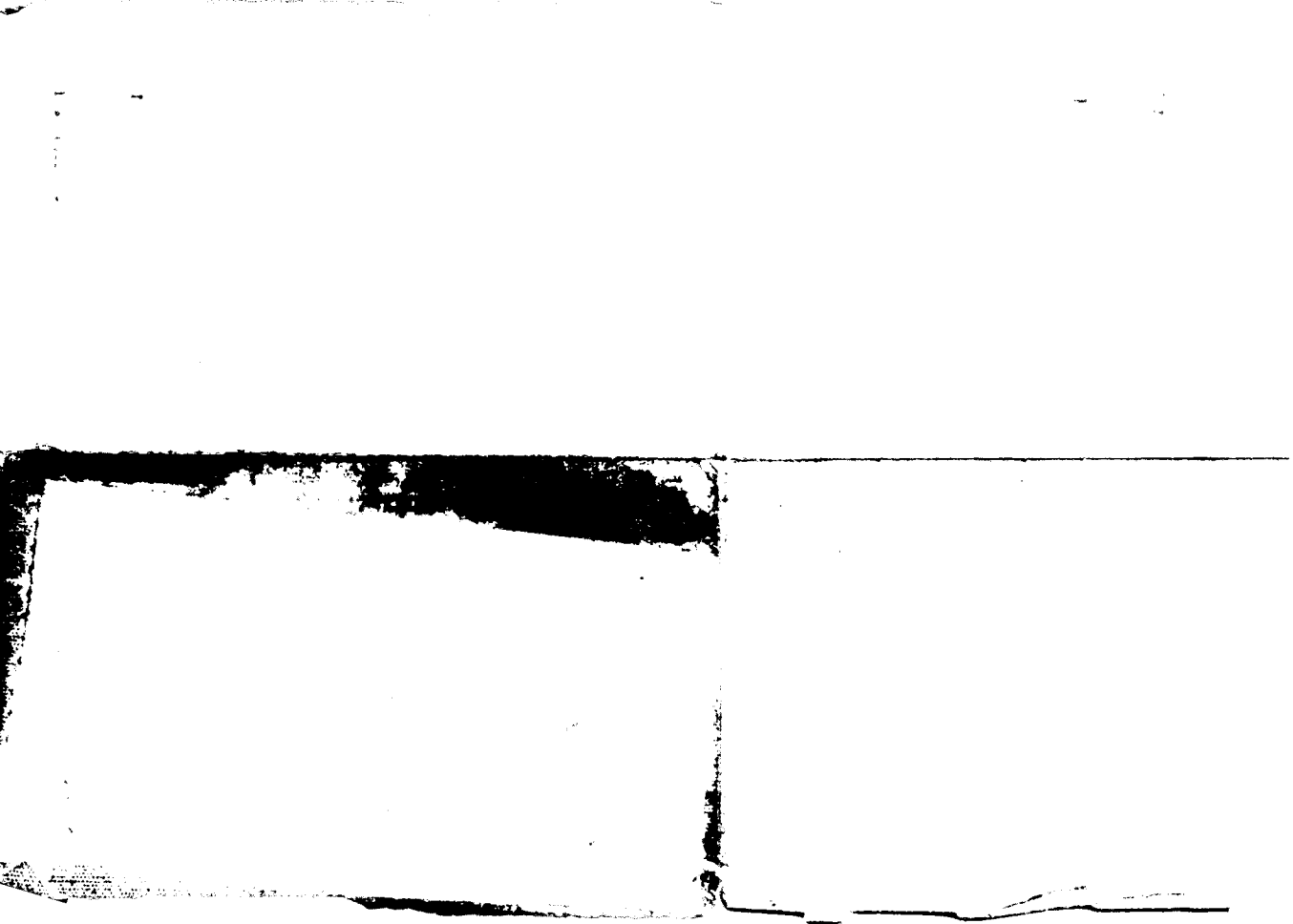
As the mother of
Paul Elon Crowther
I hereby certify that he
was born at Payette Idaho
June 4th 1896.

Belle S. Crowther.

Subscribed and sworn to
before me this 27th day
of July, 1925.

R. V. Hollenberg
Notary Public for Oregon

My Commission expires June 13, 1928



WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.— In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Bannock
City of Pocatello
No. 500 Block north Harrison
255-113-003-466
(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS 222492

CERTIFICATE OF BIRTH

Registration District No. ..... State File No. .....
Prim. Registration District No. ..... Local Registrar's No. .....

FULL NAME OF CHILD Bernard Vincent Kennedy
(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month)	(Day)	(Year)
Male				Yes	July	13	1896

What prophylactic was used to prevent Ophthalmia Neonatorum? Nos

Number of child of this mother, including present birth 3 (a) Born alive and now living 1

Born alive but now dead 2 Stillborn

FATHER		MOTHER	
FULL NAME	John Joseph Kennedy	FULL MAIDEN NAME	Mary A. Moore
Residence (Usual place of abode)	Pocatello Idaho	Residence (Usual place of abode)	Pocatello
If non-resident, give place and State		If non-resident, give place and State	Idaho
Color or race	White	Color or race	White
Age at last birthday (Years)	29	Age at last birthday (Years)	22
Birthplace (City and State or County)	Roundout New York	Birthplace (City and State or County)	Wood River Neb
Occupation	Attorney Fireman U.P.R.R.	Occupation	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was {Born alive / ~~Stillborn~~} at 8 15 P M. on the date above stated.

(Signature) Mrs John J Kennedy
Mother
(Physician or midwife)
Address 237 North 15th Pocatello Ida

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Filed ..... 19 .....
Registrar.

Mrs Anna Fagan Pocatello Ida
1116 No Hayes
John J Kennedy (deceased)
Sr. D. B. Stiely (deceased)

BOTH DELAYED

dupof 1896 - 371095

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than One child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Canyon 516-220
City of Caldwell 014-366
No. ..... St.
(If born in hospital or institution give name.) Subscriber

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH 223227

Registration District No. [illegible] State File No. .....
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Hilday Marie Hawkinson

3. Sex: Female
If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth .....
6. Premature ..... Full term .....
7. Legitimate? Yes
8. Date of birth Nov 20 1896 (Month, Day, Year)

FATHER
9. Full name: Henry Hawkinson
10. Residence (usual place of abode) (If non-resident, give place and State): Colville, Wash.
11. Color or race: White 12. Age at last birthday: 31 (years)
13. Birthplace (city or place) (State or country): Sweden

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc: Carpenter
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc: Mining
16. Date (month and year) last engaged in this work: Wed ....., 1912
17. Total time (years) spent in this work: 2 or about

MOTHER
18. Full maiden name: Belle Loftus
19. Residence (usual place of abode) (If non-resident, give place and State): Colville Wash
20. Color or race: White 21. Age at last birthday: 19 (years)
22. Birthplace (city or place) (State or country): Corinne Utah

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. .....
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. housewife
25. Date (month and year) last engaged in this work ....., 19.....
26. Total time (years) spent in this work: 2 7

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Not known.
28. Number of children of this mother (At time of this birth and including this child) Two
(a) Born alive and now living 2 (b) Born alive but now dead 0 (c) Stillborn 0
29. If stillborn, period of gestation ..... months or weeks
30. Cause of stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Alive at ..... m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) Mrs B. G. Smith Mother
or .....
Midwife
Address [illegible] Colville Wash

Give name added from a supplemental report .....
(Date of)

Filed ....., 193.....

Registrar. Registrar.

NOV 7 1957

AUG 12 1983

DELAYED

515-115-018-366

2240 20

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of CUSTER

City of Near Village of Mackay.

No. ..... St. Idaho.

(If born in hospital or institution give name.) At Home

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 224020

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

FULL NAME OF CHILD Victor Vernon Vance

(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Boy				Yes	Feb 15 1896

What prophylactic was used to prevent Ophthalmia Neonatorum? None

Number of child of this mother, including present birth First (a) Born alive and now living Yes

Born alive but now dead ..... Stillborn .....

FATHER	MOTHER
FULL NAME Archie Clay Vance	FULL MAIDEN NAME Priscilla Cowan
Residence (Usual place of abode) Ranch near Mackay	Residence (Usual place of abode) Ranch near Mackay
If non-resident, give place and State	If non-resident, give place and State .....
Color or race White Age at last birthday 24 (Years)	Color or race White Age at last birthday 24 (Years)
Birthplace Paris, Edgar Co. Ill. (City and State or County)	Birthplace Slaterville Weber C Utah (City and State or County)
Occupation Rancher.	Occupation House wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was { Born alive / ~~Stillborn~~ } at 1- P.M. on the date above stated.

(Signature) Clay Vance. Father.

(Physician or midwife)

Address Mackay - Idaho

Filed May 1935

Registrar.

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Charles. F. Baker. Mackay
H. E. Gilbert. Mackay
Addie Pryor. Boise

DELAYED Why 35 in 34 batch

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH AUG 27 1934 W.V.S.

County of BANNOCK

City of HATCH

No. ..... St. 693-1190 03-453

(If born in hospital or institution give name.)

STATE OF IDAHO 224025

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 224025

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

FULL NAME OF CHILD ARCHIBALD GEORGE WILLIAMS

(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
MALE				YES	OCTOBER 12TH, 1896

What prophylactic was used to prevent Ophthalmia Neonatorum? CARBOLIC SOLUTION

Number of child of this mother, including present birth THREE (a) Born alive and now living YES

Born alive but now dead ..... Stillborn .....

FATHER

FULL NAME JAMES THOMAS WILLIAMS

Residence (Usual place of abode) HATCH, IDAHO.

If non-resident, give place and State .....

Color or race WHITE Age at last birthday 25 (Years)

Birthplace SPRINGVILLE, UTAH. (City and State or County)

Occupation FARMER

MOTHER

FULL MAIDEN NAME HANNAH DEITON WILLIAMS

Residence (Usual place of abode) HATCH, IDAHO

If non-resident, give place and State .....

Color or race WHITE Age at last birthday 22 (Years)

Birthplace BRIGHAM CITY, BOX ELDER COUNTY (City and State or County) UTAH.

Occupation .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was {Born alive / ~~Stillborn~~} at 8:10 A. M. on the date above stated.

(Signature) Mrs Hannah Deiton Williams

"Brother"

(Physician or midwife)

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

PRESENT Address 5811 HAROLD WAY — HOLLYWOOD, CALIF.

Filed Aug 1934

Registrar.

DELAYED

Mrs. Carrie Higginson.

Route #4 — Nampa, Idaho.

Mr. Joseph C. Williams

Tridley, Cal.

429 Wilson St.

Mrs. Nina Higginson

Chesterfield, Idaho.

A413 105037 418

NOV 20 [illegible]

2 26 5 P4

WHITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than One child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of OWYHEE

City of NEAR-SILVER-CITY

No. ..... St.

BLACK-JACK-MINE-IDAHO

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. ..... State File No. 226584

Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD JOHN-BERNARD-MATTENSON-JR.

3. Sex	If plural births: 4. Twin, triplet, or other	5. Number, in order of birth	6. Premature / Full term	7. Legitimate?	8. Date of birth (Month, Day, Year)
MALE				YES	JUNE 5 1896

FATHER

9. Full name: JOHN-BERNARD-MATTENSON-SR.

10. Residence (usual place of abode) [illegible] (If non-resident, give place and State) BLACK-JACK-MINE

11. Color or race WH. | 12. Age at last birthday ? (years)

13. Birthplace (city or place) ? (State or country) SWEDEN

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. MINER

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. MINE

16. Date (month and year) last engaged in this work ?, 19.....

17. Total time (years) spent in this work 30 YRS

MOTHER

18. Full maiden name: ANNA-MAY LAND

19. Residence (usual place of abode) 1418 N 17th St (If non-resident, give place and State) BLACK-JACK-MINE

20. Color or race WH. | 21. Age at last birthday ? (years)

22. Birthplace (city or place) ? (State or country) SWEDEN NORWAY

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. HOUSEKEEPER

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. HOME

25. Date (month and year) last engaged in this work ?, 19.....

26. Total time (years) spent in this work ?

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living..... (b) Born alive but now dead..... (c) Stillborn.....

29. If stillborn, period of gestation..... months or weeks

30. Cause of stillbirth..... Before labor..... During labor.....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was..... at ..... m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) ....., M. D.

or ....., Midwife

Address .....

Give name added from a supplemental report..... (Date of)

Filed....., 193.....

.....
Registrar.

.....
Registrar.

DELAYED

553-124 314-764

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of Canyon

City of Nampa

No. ..... St.

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

231927

CERTIFICATE OF BIRTH

Registration District No. ..... State File No. 23/124

Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Lewis Lamar Gentleman

3. Sex	If plural births: 4. Twin, triplet, or other / 5. Number, in order of birth	6. Premature / Full term	7. Legitimate?	8. Date of birth (Month, Day, Year)
male		X	yes X	June 14, 1896

FATHER	MOTHER
9. Full name: Edwin Garrard Gentleman	18. Full maiden name: Eliza Lamar
10. Residence (usual place of abode) (If non-resident, give place and State): Nampa	19. Residence (usual place of abode) (If non-resident, give place and State): ~~Illinois~~ Idaho
11. Color or race: white / 12. Age at last birthday: 30 (years)	20. Color or race: white / 21. Age at last birthday: 26 (years)
13. Birthplace (city or place) (State or Country): East Claridon Ohio	22. Birthplace (city or place) (State or Country): ~~Idaho~~ Bureau County Illinois.
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: civil engineer	OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: teacher
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.
16. Date (month and year) last engaged in this work: May 1895	17. Total time (years) spent in this work: 12
25. Date (month and year) last engaged in this work: June 1895	26. Total time (years) spent in this work: 10

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 1 (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... months or weeks

30. Cause of Stillbirth ..... During labor ..... Before labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive (Born Alive or Stillborn) at 4 P. m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) Eliza L. Dunnington, ~~M. D.~~ Mother

or ..... ~~Midwife~~

Address Nampa, Idaho

Give name added from a supplemental report .....

(Date of) .....

Filed 4-30, 1935

Registrar.

Registrar.

Mrs. F. G. Cottingham
Mrs. H. E. King
Mrs. George Duval.

359-23-0440-699

234758

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 70 State File No. 234758

Prim. Registration District No. 191 Local Registrar's No. 1

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than One child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Gooding
City of Gem Idaho
No. ..... St.
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Frances Emma Elizabeth Leighty

3. Sex Fem
If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth 1
6. Premature ..... Full term yes
7. Legitimate? yes
8. Date birth Aug 13, 1896 (Month, Day, Year)

FATHER

9. Full name George A. Leighty
10. Residence (usual place of abode) (If non-resident, give place and State) Idaho
11. Color or race W
12. Age at last birthday 44 (years)
13. Birthplace (city or place) (State or country) Ohio

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc Rotary Scribe
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc Detailed Reader
16. Date (month and year) last engaged in this work May, 1896
17. Total time (years) spent in this work

MOTHER

18. Full maiden name Maria E. Fraser
19. Residence (usual place of abode) (If non-resident, give place and State) Idaho
20. Color or race W
21. Age at last birthday 41 (years)
22. Birthplace (city or place) (State or country) Penn.

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. At Home
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.
25. Date (month and year) last engaged in this work ....., 19.....
26. Total time (years) spent in this work

27. What prophylactic was used to prevent Ophthalmia Neonatorum?
28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 5 (b) Born alive but now dead 1 (c) Stillborn 1
29. If stillborn, period of gestation ..... months or weeks
30. Cause of stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... at 7:00 P m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report ..... (Date of)

..... Registrar.

(Signed) ..... M. D.
or Mrs Anna Lievert Midwife
Address Gem Idaho.
Filed Aug 8, 1935 John A Beaver Registrar.

DELAYED

AUG 1 1935 RECEIVED

CITY OF WALLACE

STATE OF IDAHO

HERMAN J. ROSSI, Mayor
L. L. LEIGHTY, Clerk
C. A. MAGNUSON, Treasurer

WALLACE, IDAHO

Wallace, Idaho August 6th, I935

Lycurgus L. Leighty and Maria E. Leighty Husband & Wife being first duly Sworn deposes and says, that Frances Leighty, Gardner, was born at Gem, Idaho, August I3th I896 Attending Midwife, Mrs, Anna, Sivert.

Lycurgus L. Leighty
Maria E. Leighty Parents

Lawrence E. Worstell
Mattie Fleming
Witnesses

Subscribed and Sworn to before me this 8 day of Aug I935

Notary Public

418-211-040-365

238414

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 238414

RECEIVED JAN 1936

Registration District No. _____ State File No. _____

Prim. Registration District No. _____ Local Registrar's No. _____

1. PLACE OF BIRTH
County of Shoshone
City of Wallace,
No. Bank
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Lucille Josephine Mahoney

3. Sex female | If plural births { 4. Twin, triplet, or other _____ 5. Number, in order of birth _____ | 6. Premature _____ Full term yes | 7. Legitimate? yes | 8. Date of birth 11 11, 1896 (Month, Day, Year)

FATHER

9. Full name John Peter Mahoney
10. Residence (usual place of abode) (If non-resident, give place and State) Idaho
11. Color or race White | 12. Age at last birthday 38 (years)
13. Birthplace (city or place) (State or Country) Nov 12 1859 N. San Juan California

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Owner of meat market
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.
16. Date (month and year) last engaged in this work November, 1896
17. Total time (years) spent in this work 6 yrs

MOTHER

18. Full maiden name Margaret Virginia Connolly
19. Residence (usual place of abode) (If non-resident, give place and State) Idaho
20. Color or race White | 21. Age at last birthday 31 (years)
22. Birthplace (city or place) (State or Country) Gold Creek Montana

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. housewife
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. own home
25. Date (month and year) last engaged in this work November, 1896
26. Total time (years) spent in this work 5 yrs

27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____

28. Number of children of this mother 3 (At time of this birth and including this child)
(a) Born alive and now living 2 (b) Born alive but now dead 1 (c) Stillborn None

29. If stillborn, period of gestation _____ { months or weeks
30. Cause of Stillbirth _____ { During labor _____ Before labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive (Born Alive or Stillborn) at 11 p.m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) John P Mahoney (Father), M.D.
or _____, Midwife
Address c/o Samuels Hotel Wallace, Idaho

Give name added from a supplemental report _____ (Date of)

Filed 1/6/36, 193_____

Registrar. Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N.B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

John N Moffat 6.976. 8th ave Spokane Wn

Mrs John N Moffat " " " " " "

Mrs M.D. McInnery

1112 Dakota St - Spokane Wash

416-203-028-799

240879

MAR 23 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 240879

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than One child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Kootenai
City of Emida
No. ..... St. .....
(If born in hospital or institution give name.)

Registration District No. ..... State File No. 240879
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Lillian Mae Dawson

3. Sex: Female
If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth .....
6. Premature ..... Full term yes
7. Legitimate? Yes
8. Date of birth Nov 3 1896 193 (Month, Day, Year)

FATHER

9. Full name: William Dawson
10. Residence (usual place of abode) (If non-resident, give place and State): Emida
11. Color or race: White
12. Age at last birthday: 30 (years)
13. Birthplace (city or place) (State or country): Carthage Missouri

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc: Farmer
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.: Farm
16. Date (month and year) last engaged in this work: Nov 1896
17. Total time (years) spent in this work: 12

MOTHER

18. Full maiden name: Martha Jane Griffith
19. Residence (usual place of abode) (If non-resident, give place and State): Emida
20. Color or race: White
21. Age at last birthday: 29 (years)
22. Birthplace (city or place) (State or country): Clarksville Missouri

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: Housewife
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.: Own Home
25. Date (month and year) last engaged in this work: Nov 1896
26. Total time (years) spent in this work: Since Marriage

27. What prophylactic was used to prevent Ophthalmia Neonatorum? None
28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 4 (b) Born alive but now dead ..... (c) Stillborn .....
29. If stillborn, period of gestation ..... months or weeks
30. Cause of stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive at 8 P m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report ..... (Date of)

..... Registrar.

(Signed) ..... M. D.
or Martha Jane Dawson mother Midwife
Address Emida, Idaho

Filed Mar. 23, 1936 Pearl Dillingham Registrar.

Mrs M.F. Gross
2827 South Oak
Spokane, Wash.

Mrs Chas McCracken
Emida
Idaho.

E.E. Dawson,
Emida,
Idaho.

653-213-028-493

APR 3 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

241513

CERTIFICATE OF BIRTH

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than One child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Kootenai
City of Coeur d'Alene
No. ..... St. Idaho
Farm
(If born in hospital or institution give name.)

Registration District No. 30 State File No. .....
Prim. Registration District No. 1050 Local Registrar's No. 36

2. FULL NAME OF CHILD Flossie Lenora Wells

3. Sex: Female
If plural births: 4. Twin, triplet, or other: 1 5. Number, in order of birth: .....
6. Premature: No. Full term: Yes. Legitimate? Yes
8. Date of birth: Sept. 13th 1896 (Month, Day, Year)

FATHER

9. Full name: John Jacob Wells
10. Residence (usual place of abode) Coeur d'Alene (If non-resident, give place and State) Idaho
11. Color or race: White 12. Age at last birthday: 41 (years)
13. Birthplace (city or place) (State or country): Switzerland Co Indiana

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc: Farmer
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc: —
16. Date (month and year) last engaged in this work: —, 19.....
17. Total time (years) spent in this work: —

MOTHER

18. Full maiden name: Ira Lenora Miles
19. Residence (usual place of abode) Coeur d'Alene (If non-resident, give place and State) Idaho
20. Color or race: White 21. Age at last birthday: 28 (years)
22. Birthplace (city or place) (State or country): Switzerland Co Indiana

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: housekeeper
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.: housewife
25. Date (month and year) last engaged in this work: —, 19....
26. Total time (years) spent in this work: —

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Boracic Acid
28. Number of children of this mother (At time of this birth and including this child) Six
(a) Born alive and now living 6 (b) Born alive but now dead — (c) Stillborn —
29. If stillborn, period of gestation — months or weeks
30. Cause of stillbirth — Before labor — During labor —

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... at ..... m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report .....
(Date of)

(Signed) Father, M. D.
or ....., Midwife
Address .....
Filed March 1, 1936 E. L. Jackson Registrar.

[redacted] John Jacob Wells Registrar.

365 715006-389

Idaho 243699

V S. 15

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

PLACE OF BIRTH

Filed at Fountain Colo.

STATE OF [redacted]

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

243699

County of Bingham

Town of Blackfoot Idaho

City of

Registration District No. 70

File No.

No. St.

JUL 15 1936 RECEIVED

Registered No. 201

FULL NAME OF CHILD Arthur Lee Love

Sex of Child	Twin Triplet or Other?	and	Number in Order of Birth	Legitimate	Date of Birth (Month) (Day) (Year)
M.				Yes	March 15 1896

FATHER		MOTHER	
FULL NAME	Robert Emery Love	FULL MAIDEN NAME	Annie Christian
RESIDENCE	Blackfoot Idaho	RESIDENCE	Blackfoot Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Mo	BIRTHPLACE	Warren Co. Tenn
OCCUPATION	Farmer	OCCUPATION	Housewife

No. of Child of this Mother 1

No. of Children of this Mother Now Living 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, and that it occurred on March 15, 1896, at 5:00 P.M.

*When there was no attending physician or midwife, then the father, mother, householder, etc., should make this return.

(Signature) Mrs Annie Love, Mother

(Physician or Midwife)

Address Fountain Colo

Given name added from a supplemental report

, 19

Registrar.

Filed 7-1, 1936 A. M. Sayre Registrar.

AFFIDAVIT

STATE OF Colorado }
COUNTY OF El Paso } ss.

I, Annie Love, do solemnly swear that I am the Mother of Arthur Lee Love, the child mentioned in the annexed Certificate of Birth. I have read said Certificate and the statements contained therein are true of my own knowledge.

X Mrs. Annie Love

Subscribed and sworn to before me this 1st day of July, 19 36

Albert M. Sayers

Notary Public for State of Colorado

(SEAL)

Residing at Fountain Colo.

My Commission expires ... ber 15, 1936

STATE OF ... }
COUNTY OF ... } ss.

We, the undersigned, do severally solemnly swear that we are personally and well acquainted with the above-named affiant and we have read the statements contained in the annexed Certificate of Birth and that said statements are true to our best knowledge and belief.

(Signature) .....

Type or Print Name .....

(SEAL)

(Signature) .....

Type or Print Name .....

Subscribed and sworn to before me this ..... day of ....., 19.....

.....

Notary Public for State of .....

Residing at .....

My Commission expires .....

THE BRADFORD-ROBINSON PTG. CO., DENVER

29 1209 021-418

24 76 46

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than One child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Franklin
City of Franklin
No. ..... St.
Idaho
(If born in hospital or institution give name.)

OCT 29 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

247646

Registration District No. ..... State File No. .....
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Gleason Mayberry Braley

3. Sex Female | If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... | 6. Premature ..... Full term ..... | 7. Legitimate? X | 8. Date of birth 9 Oct, 1896, ~~188~~ (Month, Day, Year)

FATHER

9. Full name Gaston Lafayette Braley
10. Residence (usual place of abode) (If non-resident, give place and State) .....
11. Color or race W | 12. Age at last birthday 39 (years)
13. Birthplace (city or place) Ashland (State or country) Wayne Co. Penn.

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc Farmer
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. .....
16. Date (month and year) last engaged in this work ....., 19..... | 17. Total time (years) spent in this work .....

MOTHER

18. Full maiden name Josephine Mayberry
19. Residence (usual place of abode) (If non-resident, give place and State) .....
20. Color or race W | 21. Age at last birthday 31 (years)
22. Birthplace (city or place) Franklin (State or country) Idaho,

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housekeeper
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. .....
25. Date (month and year) last engaged in this work ....., 19..... | 26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....
28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 4 (b) Born alive but now dead ..... (c) Stillborn .....
29. If stillborn, period of gestation ..... months or weeks | 30. Cause of stillbirth ..... | Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive (Born Alive or Stillborn) at 3a m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) Josephine M. Braley, ~~M. D.~~
or Josephine Mayberry Braley, Midwife
Address 1574 Allston Way Berkeley Calif

Give name added from a supplemental report .....
(Date of) .....
Registrar.

Filed Oct. 29, 1936
Registrar.

Chas. L. Peterson - Franklin Idaho -
Burlah Briggs Franklin Idaho
Thos. Durant - Franklin Idaho.

364-217.013-168

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than One child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

RECEIVED
JAN 25 1937

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

250718

1. PLACE OF BIRTH
County of Ada
City of SOLDIER
No. ..... St. .....
(If born in hospital or institution give name.) AT HOME

Registration District No. ..... State File No. .....
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD IVA RITA COURTNAY

3. Sex	If plural births	4. Twin, triplet, or other	5. Number, in order of birth	6. Premature	Full term X	7. Legitimate?	8. Date of birth
FEMALE						YES	JULY 17, 1896 (Month, Day, Year)

FATHER	MOTHER
9. Full name JOHN RICHARD COURTNAY	18. Full maiden name ANNA DORIS JAQUES
10. Residence (usual place of abode) (If non-resident, give place and State) SOLDIER	19. Residence (usual place of abode) (If non-resident, give place and State) SOLDIER
11. Color or race W. | 12. Age at last birthday [illegible] (years)	20. Color or race W. | 21. Age at last birthday [illegible] (years)
13. Birthplace (city or place) (State or country) TOMBSTONE ARIZONA	22. Birthplace (city or place) (State or country) SACRAMENTO CALIF.
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc TEAMSTER	OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. HOUSEKEEPER
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. GOLD MINE	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. OWN HOME
16. Date (month and year) last engaged in this work NOV, 1896 | 17. Total time (years) spent in this work 10 YRS	25. Date (month and year) last engaged in this work DEC, 1896 | 26. Total time (years) spent in this work 12 YRS

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child) FOUR
(a) Born alive and now living 3 (b) Born alive but now dead 3 (c) Stillborn .....

29. If stillborn, period of gestation ..... months or weeks \| 30. Cause of stillbirth ..... \| Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive (Born Alive or Stillborn) at 2 p.m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) [illegible] M. D.
or ..... (Midwife)
Address 4506 SE. CLINTON, PORTLAND
Filed 1/25/37, 193..... OREGON

Give name added from a supplemental report .....
(Date of)

Registrar. Registrar.

Three People who knew of this birth

Cyrus Courtnay – Grants Pass – Oregon
Lincon Courtnay – Twin Falls – Idaho
Mable Courtnay – Twin Falls – Idaho

619 223 010-665

254502

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of Bonneville

City of Idaho Falls

No. ____ St. ____

(If born in hospital or institution give name.) Lilith

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. ____ State File No. 254502

Prim. Registration District No. ____ Local Registrar's No. ____

2. FULL NAME OF CHILD ~~Lilith~~ Mildred Faris

3. Sex Female

If plural births { 4. Twin, triplet, or other ____ 5. Number, in order of birth ____

6. Premature ____ Full term ✓

7. Legitimate? Yes

8. Date of birth Oct. 23, 1896 (Month, Day, Year)

FATHER

9. Full name Robert Wylie Faris

10. Residence (usual place of abode) (If non-resident, give place and State) Idaho Falls Ida.

11. Color or race White 12. Age at last birthday 32 (years)

13. Birthplace (city or place) (State or Country) Pikes Cay Illinois

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Engineer

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. ____

16. Date (month and year) last engaged in this work ____, 19____

17. Total time (years) spent in this work ____

MOTHER

18. Full maiden name Anna Owens

19. Residence (usual place of abode) (If non-resident, give place and State) Idaho Falls, Ida.

20. Color or race White 21. Age at last birthday 33 (years)

22. Birthplace (city or place) (State or Country) Winchester Illinois

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. ____

25. Date (month and year) last engaged in this work ____, 19____

26. Total time (years) spent in this work ____

27. What prophylactic was used to prevent Ophthalmia Neonatorum? ____

28. Number of children of this mother 2 (At time of this birth and including this child)
(a) Born alive and now living 1 (b) Born alive but now dead 1 (c) Stillborn 0

29. If stillborn, period of gestation ____ { months or weeks

30. Cause of stillbirth ____ { Before labor ____ During labor ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ____ at 11 P. m. on the date above stated.
(Born Alive ~~or Stillborn~~)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report ____
(Date of)

Registrar.

(Signed) Robert Wylie Faris Father, M. D.

or ____, Midwife

Address Boise, Idaho

Filed June 1, 1937 Pearl Dillingham State Registrar.

Subscribed and sworn to before me
this 12 day of June 37

Pearl Dillingham
State Registrar

JAN 2 9 1976

563 127-008-699

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

255457

JUL 6 1937

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

1. PLACE OF BIRTH

County of Boise Idaho

City of P.O. Sweet

No. ..... St.

(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Joseph William Roland

3. Sex

If plural births 4. Twin, triplet, or other ..... 5. Number, in order of birth .....

6. Premature Full term yes

7. Legitimate? yes

8. Date of birth February 21st 1896 (Month, Day, Year)

FATHER

9. Full name William Horace Roland

10. Residence (usual place of abode) (If non-resident, give place and State) Sweet, Idaho

11. Color or race White | **12. Age at last birthday** 40 (years)

13. Birthplace (city or place) (State or Country) Brooks Adams County Iowa

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Rancher

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.

16. Date (month and year) last engaged in this work ....., 19....

17. Total time (years) spent in this work

MOTHER

18. Full maiden name Jennie Elizabeth Wright

19. Residence (usual place of abode) (If non-resident, give place and State) Sweet Idaho

20. Color or race White | **21. Age at last birthday** 29 (years)

22. Birthplace (city or place) (State or Country) Sedan, Cab County Indiana

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. House Wife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.

25. Date (month and year) last engaged in this work ....., 19....

26. Total time (years) spent in this work

27. What prophylactic was used to prevent Ophthalmia Neonatorum?

28. Number of children of this mother 5 (At time of this birth and including this child)
(a) Born alive and now living 5 (b) Born alive but now dead none (c) Stillborn none

29. If stillborn, period of gestation ..... months or weeks

30. Cause of stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I ~~attended the birth~~ am the mother of this child, who was born alive at ..... m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

Give name added from a supplemental report .....

(Date of) .....

Registrar.

(Signed) no attending physician midwife deceased, M. D.
or Jennie Elizabeth Roland, Midwife
Address mother

Filed ....., 193....

JUL 6 1937

Registrar.

STATE OF IDAHO
BARZILLA W. CLARK, GOVERNOR

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

~~State~~ Prov of Saskatchewan } ss.
County of Dominion of Canada }

Jennie Elizabeth Roland being first duly sworn says that Joseph William Roland is ~~my~~ (Relationship of child)* son and of William Horace Roland

born February 27th 1896 at Sweet, Boise County, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that Joseph William Roland desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said Joseph William Roland

hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that mrs Mary Ireton ~~M. D.~~ was the Midwife ~~medical attendant~~ at the birth of said Joseph William Roland and that the ~~said medical attendant~~ midwife is now deceased
(Now deceased (or) cannot be located)

Name of Affiant Jennie Elizabeth Roland

P. O. Address Maple Creek, Sask

Subscribed and sworn to before me this 2nd day of July, 1937

J. W. Thompson
Notary Public.

Residing at Maple Creek Sask, ~~Idaho.~~

*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

331-225-022-962

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of Fremont

City of Small

No. Nine Miles west Dubois St.

(If born in hospital or institution give name.)

AUG 30 1937

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

7-6006
257545

257545

Registration District No. ..... State File No. .....

Prin. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Conie Clark

3. Sex	If plural births	6. Premature	7. Legitimate?	8. Date of birth
Female	4. Twin, triplet, or other ✓ 5. Number, in order of birth ✓	Full term Yes	Yes	October 25, 1896 (Month, Day, Year)

FATHER	MOTHER
9. Full name Samuel Knowles Clark	18. Full maiden name Eliza Ann Robinson
10. Residence (usual place of abode) (If non-resident, give place and State) Small Idaho	19. Residence (usual place of abode) (If non-resident, give place and State) Smalls Idaho
11. Color or race White | 12. Age at last birthday 38 (years)	20. Color or race White | 21. Age at last birthday 35 (years)
13. Birthplace (city or place) (State or Country) Cambridge, Ohio	22. Birthplace (city or place) (State or Country) Cambridge, Ohio
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farming	OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Wife - Housekeeper
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Farming	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Own home
16. Date (month and year) last engaged in this work March 14, 1932	17. Total time (years) spent in this work All his life
25. Date (month and year) last engaged in this work March 24, 1932	26. Total time (years) spent in this work 48 years

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child) Five.
(a) Born alive and now living 4 (b) Born alive but now dead 1 (c) Stillborn .....

29. If stillborn, period of gestation ..... { months or weeks

30. Cause of stillbirth ..... { Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at ..... m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report .....

(Date of) .....

Registrar.

(Signed) John R. Clow, M. D.

or Brother, ~~Midwife~~

Address Filer, Idaho

Filed Aug. 30, 1937 Pearl Dillingham
State Registrar.

STATE OF IDAHO
BARZILLA W. CLARK, GOVERNOR

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Idaho
County of Blaine } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

John R Clark being first duly sworn says that

he is the brother of Conie Clark (Now Conie Hill)
(Relationship of child)*

born Oct 25th 1896 at Small, Idaho, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that he desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho**; and affiant further states that the facts contained in the certificate of birth of the said Conie Clark

hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Belle Robinson ~~M.D.~~ was the Midwife medical attendant at the birth of said Conie Clark and that the said medical attendant is No doctor was present
(Now deceased (or) cannot be located)

Name of Affiant John R Clark

P. O. Address Filer, Idaho

Subscribed and sworn to before me this 23rd day of August, 19 37

Notary Public.

Residing at Hailey, Idaho.

*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

STATE OF IDAHO

ss

County of Clark

Isabel Stelzer, formerly Isabel Robson, being first duly sworn deposes and says:

That, she is well acquainted with Connie C. Hill, formerly Connie C. Clark.

That, Connie C. Clark was born on the 25th day of October 1896 at her parents home on Medicine Lodge Creek about ten miles northwest of the town of Dubois, Clark County, Idaho.

That, affiant was assisting with housework at the home of Connie C. Clark's parents at the time of Connie C. Clark's Birth.

That, affiant's mother, Lucretia Robson, was nurse and midwife for Connie C. Clark's mother at the time of Connie C. Clark's birth.

That, since the birth of Connie C. Clark I have known of her whereabouts to this date and that Connie C. Clark is the same and identical person who is now Connie C. Hill and who resides at Pocatello, Idaho, and is the wife of W. Lee Hill.

Isabel Stelzer

Subscribed and sworn to before me this 21st day of December 1936.

H. R. Harn

H. R. Harn, Notary Public
Residing at Dubois, Idaho.
My commission expires Apr.19,1939.

282-20400 6512

RECEIVED
SEP 17 1937

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

258751

1. PLACE OF BIRTH
County of Bingham
City of Menan
No. ____ St. ____
Idaho
(If born in hospital or institution give name)

Registration District No. ____ State File No. ____
Prim. Registration District No. ____ Local Registrar's No. ____

2. FULL NAME OF CHILD Lenora Bybee

3. Sex: Female

If plural births: 4. Twin, triplet, or other: Twins; 5. Number, in order of birth: 1

6. Premature: ____ Full term: yes

7. Legitimate? yes

8. Date of birth: May 4th, 1896 (Month, Day, Year)

FATHER

9. Full name: James Andrew Bybee

10. Residence (usual place of abode) (If non-resident, give place and State): Menan

11. Color or race: White | 12. Age at last birthday: 30 (years)

13. Birthplace (city or place) (State or Country): Uintah, Utah

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farmer

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.: ____

16. Date (month and year) last engaged in this work: Nov, 1895

17. Total time (years) spent in this work: 4

MOTHER

18. Full maiden name: Ozetta Eastman

19. Residence (usual place of abode) (If non-resident, give place and State): Menan

20. Color or race: White | 21. Age at last birthday: 25 (years)

22. Birthplace (city or place) (State or Country): Salt Lake City, Utah

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: Housekeeper

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.: ____

25. Date (month and year) last engaged in this work: May, 1922

26. Total time (years) spent in this work: 40

27. What prophylactic was used to prevent Ophthalmia Neonatorum? ____

28. Number of children of this mother (At time of this birth and including this child): Three
(a) Born alive and now living: ~~2~~ (b) Born alive but now dead: ____ (c) Stillborn: 1

29. If stillborn, period of gestation: ____ months or weeks

30. Cause of Stillbirth: ____ Before labor: ____ During labor: yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ____ at ____ m. on the date above stated.
(Born Alive or Stillborn)

(Signed) Midwife is dead, M. D.
~~or~~ Jas A. Bybee Father, ~~Midwife~~

Address ____

Filed Sept. 17, 1937 Pearl Dillingham State Registrar

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report ____ (Date of)

Registrar.

one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
BARZILLA W. CLARK, GOVERNOR

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Idaho
County of Ada } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

James Andrew Bybee being first duly sworn says that
he is the father (Relationship of child)* of Lenora Bybee
born May 4th 1896 (Date of birth) at Menan, Idaho,
whose certificate of birth is hereto attached, and that he desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said Lenora Bybee
hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Mrs. Dubell ~~M.D.~~ was the Midwife
medical attendant at the birth of said Lenora Bybee and that
the said medical attendant ~~is~~ cannot be located
(Now deceased (or) cannot be located)

Name of Affiant James A. Bybee
P. O. Address 1315 N. 21st Boise, Idaho

Subscribed and sworn to before me this 17 day of September, 1937

G. H. Hetter
Notary Public.

Residing at Boise, Idaho.

*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

JUL 7 1961

JUN 9 1942

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Ada
City of Boise
No. 1010 - N - 10th St.
A95 11 001 404
(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

NOV 3 1937

259591

Registration District No. ..... State File No. .....
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Joseph Julian O'Neill

3. Sex	If plural births	6. Premature	7. Legitimate?	8. Date of birth
Male	4. Twin, triplet, or other ..... 5. Number, in order of birth	Full term ✓	Yes	June 14 1896 (Month, Day, Year)

FATHER

9. Full name George Joseph O'Neill
10. Residence (usual place of abode) (If non-resident, give place and State) Same
11. Color or race White 12. Age at last birthday 20 (years)
13. Birthplace (city or place) (State or Country) Bingham Illinois

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Butcher
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Shop
16. Date (month and year) last engaged in this work Up to Date, 19....
17. Total time (years) spent in this work 11 ?

MOTHER

18. Full maiden name Helen Luella Dodson
19. Residence (usual place of abode) (If non-resident, give place and State) Same
20. Color or race White 21. Age at last birthday 31 (years)
22. Birthplace (city or place) (State or Country) Rocheport Missouri

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Home
25. Date (month and year) last engaged in this work ....., 19....
26. Total time (years) spent in this work 7

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother 4 (At time of this birth and including this child) (a) Born alive and now living 2 (b) Born alive but now dead 2 (c) Stillborn 0

29. If stillborn, period of gestation ..... months or weeks
30. Cause of Stillbirth ..... During labor ..... Before labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... (Born Alive or Stillborn) at ..... m. on the date above stated.

When there was no attending physician or midwife, then the father, hosholder, etc., should make this return.

Give name added from a supplemental report .....

(Date of)

(Signed) Dr Warren Springer Sr., M. D.
or Attending Physician, Midwife
Address Now dead
Filed Nov ....., 1937

Registrar. Registrar.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

PLACE OF BIRTH

County of ADA

City of Boise

STATE OF IDAHO
BARZILLA W. CLARK, GOVERNOR

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of California } ss.
County of Lassen

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Joseph Julian O'Neill being first duly sworn says that

is the Self of
(Relationship of child)*

born June - 14 - 1896 at Boise, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho**; and affiant further states that the facts contained in the certificate of birth of the said Joseph J O'Neill

hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Warren Springer Sr M. D. was the ~~Midwife~~ medical attendant at the birth of said Joseph. J. O'Neill and that the said medical attendant is now deceased
(Now deceased (or) cannot be located)

Name of Affiant Joseph J. O'Neill

P. O. Address Hotel Washington

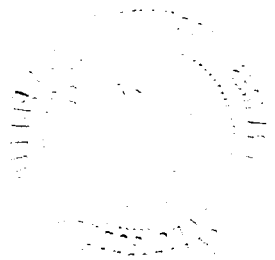
Subscribed and sworn to before me this 1st day of November, 19 37

Frances Lucas
Notary Public.

Residing at Susanville, California, ~~Idaho~~

*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

JUL 19 1961



639-215039'652

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of Power

City of American Falls Idaho

No. — St. —

(If born in hospital or institution give name.)

NOV 6

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

260433

Registration District No. 25 State File No. 260433

Prim. Registration District No. 2072 Local Registrar's No. 112

2. FULL NAME OF CHILD Irene Oliver

3. Sex	If plural births: 4. Twin, triplet, or other / 5. Number, in order of birth	6. Premature / Full term	7. Legitimate?	8. Date of birth (Month, Day, Year)
Female		Full term	Yes	Jan. 15, 1896

	FATHER	MOTHER
9. Full name	Walter T. Oliver	
18. Full maiden name		Annie West
10. Residence (usual place of abode) (If non-resident, give place and State)	American Falls Ida	
19. Residence (usual place of abode) (If non-resident, give place and State)		American Falls Ida
11. Color or race	White	
12. Age at last birthday	47 (years)	
20. Color or race		White
21. Age at last birthday		31 (years)
13. Birthplace (city or place) (State or Country)	Virginia	
22. Birthplace (city or place) (State or Country)		New York
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	Merchant	
OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.		Housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	Retail Store	
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.		Home
16. Date (month and year) last engaged in this work	, 19	
25. Date (month and year) last engaged in this work	— , 19	
17. Total time (years) spent in this work	Life	
26. Total time (years) spent in this work		Life

27. What prophylactic was used to prevent Ophthalmia Neonatorum? none

28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 5 (b) Born alive but now dead 0 (c) Stillborn 0

29. If stillborn, period of gestation ... months or weeks

30. Cause of stillbirth ... Before labor / During labor

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive (Born Alive or Stillborn) at — m. on the date above stated.

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

(Signed) W. H. Philbrick, M. D.

or ..., Midwife

Address American Falls, Idaho.

Give name added from a supplemental report ...

(Date of) ...

Registrar.

Filed 11-4-, 1937 Irene Daling

Registrar.

JUL 2 3 1943

855725 014

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 260950

NOV 26 '37

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH 331
County of Canyon
City of Nampa
No. ..... St.
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Bert Asa Henry

3. Sex: male

If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth 3

6. Premature ..... Full term X

7. Legitimate? X

8. Date of birth Mar 25, ~~190~~ 1896 (Month, Day, Year)

FATHER

9. Full name: Andrew Morrison Henry (dead)

10. Residence (usual place of abode) (If non-resident, give place and State): Nampa Ida

11. Color or race: White | 12. Age at last birthday: 73 (years)

13. Birthplace (city or place) (State or Country): Ohio

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Lawyer

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. .....

16. Date (month and year) last engaged in this work: Mar 1, 19~~36~~ 37

17. Total time (years) spent in this work: 20 yrs

MOTHER

18. Full maiden name: Florence Maud Clary

19. Residence (usual place of abode) (If non-resident, give place and State): Nampa Idaho

20. Color or race: White | 21. Age at last birthday: 67 (years)

22. Birthplace (city or place) (State or Country): Harlington Texas

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: housekeeper

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.: Own home

25. Date (month and year) last engaged in this work: ....., 19.....

26. Total time (years) spent in this work: 47 yrs.

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother 3 (At time of this birth and including this child) 3
(a) Born alive and now living 3 (b) Born alive but now dead 0 (c) Stillborn .....

29. If stillborn, period of gestation ..... months or weeks

30. Cause of stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive (Born Alive or Stillborn) at ..... m. on the date above stated.

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

Give name added from a supplemental report .....

(Date of) .....

Registrar.

(Signed) Maud Henry (mother), M. D.
or 219-10 Ave. No, Midwife
Address Nampa Idaho

Filed NOV 26 1937, 193.....

Registrar.

STATE OF IDAHO
BARZILLA W. CLARK, GOVERNOR

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Idaho
County of Canyon } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Maud Henry being first duly sworn says that
Bert Ash Henry is the son (Relationship of child)* of Andrew Henry & Maud Henry

born Mar 25 - 1896 (Date of birth) at Nampa, Idaho,

whose certificate of birth is hereto attached, and that Maud Henry desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said Bert Ash Henry.

hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Dr P S. Koehler M. D. was the ~~Midwife~~ medical attendant at the birth of said Bert Ash Henry and that the said medical attendant is now deceased (Now deceased (or) cannot be located)

Name of Affiant Maud Henry

P. O. Address 219 - 12th No. Nampa Idaho.

Subscribed and sworn to before me this 23rd day of March, 1937

Minnie F. Green
Notary Public.

Residing at Nampa, Idaho.

*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

MAY 1

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1219-119-028-2736

1. PLACE OF BIRTH
County of Kootenai
City of Hauser
No. ..... St.
(If born in hospital or institution give name.)

RECEIVED
DEC 8 - 1937

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 261252

Registration District No. 30 State File No.
Prim. Registration District No. 1050 Local Registrar's No. 284

2. FULL NAME OF CHILD Harold Edwin Barto

3. Sex	If plural births: 4. Twin, triplet, or other	5. Number, in order of birth	6. Premature / Full term	7. Legitimate?	8. Date of birth (Month, Day, Year)
Male		5	X	Yes	4/19/96, 193

FATHER	MOTHER
9. Full name: Milton Barto	18. Full maiden name: Bessie Scott
10. Residence (usual place of abode) (If non-resident, give place and State): Hauser	19. Residence (usual place of abode) (If non-resident, give place and State): Hauser
11. Color or race: White | 12. Age at last birthday: 39 (years)	20. Color or race: White | 21. Age at last birthday: 36 (years)
13. Birthplace (city or place) (State or Country): Lake Minnetonka, Minnesota	22. Birthplace (city or place) (State or Country): Do not know, North Carolina
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farmer	OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: Housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.: Own farm	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.: Own home
16. Date (month and year) last engaged in this work: [illegible] present, 1896	25. Date (month and year) last engaged in this work: [illegible] present, 1896
17. Total time (years) spent in this work: [illegible]	26. Total time (years) spent in this work: [illegible]

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Do not know

28. Number of children of this mother: 6 (At time of this birth and including this child) (a) Born alive and now living 4 (b) Born alive but now dead 1 (c) Stillborn 0

29. If stillborn, period of gestation ..... { months or weeks

30. Cause of Stillbirth ..... { During labor ..... Before labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at ..... m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) Harold Edwin Barto M.D.
Subscribed and sworn to before me at Kellogg, Shoshone County, Idaho this 18th Day of November, 1937
Address Kenneth Courson

Give name added from a supplemental report .....
(Date of)

Filed Nov. 23, 1937 Dr. F. F. Hemming
Registrar.

Registrar.

A855-107 023-238

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 263509

FEB 23 1938

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

1. PLACE OF BIRTH

County of Gem

City of Sweet, Idaho

No. ..... St.

(If born in hospital or institution give name.)

2. FULL NAME OF CHILD ~~Chester Junior~~ Hensley Eugene E. Hensley

3. Sex	If plural births: 4. Twin, triplet, or other / 5. Number, in order of birth	6. Premature / Full term	7. Legitimate?	8. Date of birth (Month, Day, Year)
male		yes	yes	July 7, 1896

FATHER

9. Full name: Joseph F Hensley

10. Residence (usual place of abode) (If non-resident, give place and State): Sweet Idaho

11. Color or race: White | 12. Age at last birthday: ~~41~~ (years)

13. Birthplace (city or place) (State or Country): ~~26 miles from Joplin~~ Forest City, Mo.

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farmer

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.:

16. Date (month and year) last engaged in this work: June, 1937

17. Total time (years) spent in this work: all life

MOTHER

18. Full maiden name: Mary S Homer

19. Residence (usual place of abode) (If non-resident, give place and State): Sweet Idaho

20. Color or race: White | 21. Age at last birthday: ~~37~~ (years)

22. Birthplace (city or place) (State or Country): ~~Flat Creek~~ Lewisburg, Tennessee

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: housewife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.:

25. Date (month and year) last engaged in this work: Feb, 1938

26. Total time (years) spent in this work: all life

27. What prophylactic was used to prevent Ophthalmia Neonatorum?

28. Number of children of this mother: 3 (At time of this birth and including this child) (a) Born alive and now living: yes (b) Born alive but now dead: non (c) Stillborn: non

29. If stillborn, period of gestation: no (months or weeks)

30. Cause of Stillbirth: no (During labor: no / Before labor:)

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... at ..... m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) ....., M. D.

or ....., Midwife

Address .....

Give name added from a supplemental report .....

(Date of) .....

Filed Feb., 1938

Registrar. Registrar.

STATE OF IDAHO
BARZILLA W. CLARK, GOVERNOR

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

State of Idaho
County of Gem } ss.

Mary Hensley being first duly sworn says that she is the mother of Charles F. Hensley
(Relationship of child)*

born ~~Oct~~ Oct 10, 1900 at Sweet, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said Charles F. Hensley hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Mrs Dell ~~M. D. was~~ the Midwife medical attendant at the birth of said Charles F. Hensley and that the said medical attendant is man deceased
(Now deceased (or) cannot be located)

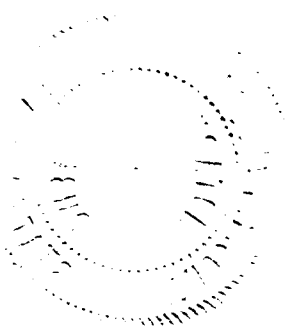
Name of Affiant Mary Hensley
P. O. Address Sweet Idaho

Subscribed and sworn to before me this 18th day of February, 1938

Thos Buccleman
Notary Public.

Residing at Emmett, Idaho.

*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.



618-72-030-318

FEB 25 1938

1635-17

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. ..... State File No. 263517

Prim. Registration District No. ..... Local Registrar's No. .....

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than One child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Lemhi
City of Salmon
No. ..... St.
(If born in hospital or institution give name.) About 12 miles East of Salmon

2. FULL NAME OF CHILD VERNE HENRY WAYANT

3. Sex: Male

If plural births:
4. Twin, triplet, or other XX
5. Number, in order of birth X

6. Premature X Full term Yes
7. Legitimate? Yes
8. Date of birth May 21, 1896, 193.... (Month, Day, Year)

FATHER

9. Full name: Charles Henry Wayant
10. Residence (usual place of abode) Salmon (If non-resident, give place and State) Idaho
11. Color or race W | 12. Age at last birthday 22 (years)
13. Birthplace (city or place) Salmon (State or country) Idaho

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc Farmer
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.
16. Date (month and year) last engaged in this work ....., 19.....
17. Total time (years) spent in this work

MOTHER

18. Full maiden name: Maggie Violet Taylor
19. Residence (usual place of abode) Salmon (If non-resident, give place and State) Idaho
20. Color or race W | 21. Age at last birthday 22 (years)
22. Birthplace (city or place) Geneva (State or country) Nebraska

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.
25. Date (month and year) last engaged in this work ....., 19.....
26. Total time (years) spent in this work

27. What prophylactic was used to prevent Ophthalmia Neonatorum?
28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 1 (b) Born alive but now dead 0 (c) Stillborn
29. If stillborn, period of gestation XX months or weeks
30. Cause of stillbirth XX Before labor / During labor

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive (Born Alive or Stillborn) at 1.30 P. M. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) Dr George Kenney (Now deceased), M. D.
or Charles Henry Wayant, Father, Midwife
Address 4335-36th st San Diego Calif.

Give name added from a supplemental report ..... (Date of)

Filed FEB 25 1938, 193.....

Registrar. Registrar.

See affidavit attached

STATE OF CALIFORNIA)
)
County of San Diego) ss

We, Charles Henry Wayant and Maggie Violet Wayant, who first being duly sworn, each for themselves, on oath depose and say;

That we are the Mother and Father of Verne Henry Wayant who was born May 21, 1896 at Salmon Idaho and the facts as stated on the attached Certificate of birth are true and correct.

Charles Henry Wayant

Maggie Violet Wayant

Subscribed and sworn to before me this 12 day of Feb 1938

Leonard LeBoot

NOTARY PUBLIC

My Commission expires Feb. 12, 1939

A713-215 030- 493

263547

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of Lemhi

City of Pahsimeroi

No. ~~State of~~ St. State of Idaho

(If born in hospital or institution give name.)

MAR 8 - 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. ..... State File No. 263547

Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Margaret Alacoque Gallagher

3. Sex: Female

If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth .....

6. Premature ..... Full term Yes

7. Legitimate? Yes

8. Date of birth April 15, 1896 (Month, Day, Year)

FATHER

9. Full name: Joseph Thomas Gallagher

10. Residence (usual place of abode) Pahsimeroi, Idaho (If non-resident, give place and State) .....

11. Color or race White 12. Age at last birthday 25 (years)

13. Birthplace (city or place) Osage Mission (State or Country) Kansas

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Own Farm

16. Date (month and year) last engaged in this work Still engaged, 19.....

17. Total time (years) spent in this work 6 years

MOTHER

18. Full maiden name: Mary Miller

19. Residence (usual place of abode) Pahsimeroi, Idaho (If non-resident, give place and State) .....

20. Color or race White 21. Age at last birthday 19 (years)

22. Birthplace (city or place) Pawnee County (State or Country) Nebraska

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housekeeper

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Own home.

25. Date (month and year) last engaged in this work Still engaged, 19.....

26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child) Two
(a) Born alive and now living One (b) Born alive but now dead One (c) Stillborn .....

29. If stillborn, period of gestation ..... months or weeks

30. Cause of Stillbirth ..... During labor ..... Before labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive (Born Alive or Stillborn) at ..... m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) ..... Father, M. D.

or ....., Midwife

Address .....

Give name added from a supplemental report .....

(Date of) .....

Filed MAR 8 - 1938, 193.....

Registrar.

Registrar.

STATE OF IDAHO
BARZILLA W. CLARK, GOVERNOR

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of IDAHO
County of Washington } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

JOSEPH THOMAS GALLAGHER being first duly sworn says that he is the Father (Relationship of child)* of MARGARET ALACOQUE GALLAGHER

born April 15, 1896 (Date of birth) at Pahsimeroi, Idaho,

whose certificate of birth is hereto attached, and that JOSEPH THOMAS GALLAGHER desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said MARGARET ALACOQUE GALLAGHER

hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that MRS. AL BARSLOW ~~M. D.~~ Midwife was the medical attendant at the birth of said MARGARET ALACOQUE GALLAGHER and that the said medical attendant is Now deceased. (Now deceased (or) cannot be located)

Name of Affiant Joseph Thomas

P. O. Address Weiser, Idaho

Subscribed and sworn to before me this 26th day of February, 1938

Mary Kenneth
Clerk of the District Court
By Juanita Thatcher, Deputy ~~Notary Public.~~
Residing at Weiser, Idaho.

*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

296 121 037 367

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

265399

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

1. PLACE OF BIRTH
County of Owyhee
City of Delamar
No. ..... St.
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Melvin Ecilous Brooks

3. Sex: Male

If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth .....

6. Premature ..... Full term .....

7. Legitimate? yes

8. Date of birth Apr. 21, 1896 (Month, Day, Year) ✓

FATHER	MOTHER
9. Full name: John Wesley Brooks	18. Full maiden name: Cora Lucretia Cox
10. Residence (usual place of abode) (If non-resident, give place and State): Delamar, Ida.	19. Residence (usual place of abode) (If non-resident, give place and State): Delamar, Ida.
11. Color or race: W | 12. Age at last birthday: 42 years	20. Color or race: W | 21. Age at last birthday: 23 (years)
13. Birthplace (city or place) (State or Country): Seymour, Ind.	22. Birthplace (city or place) (State or Country): Near Coon Rapids, Iowa
OCCUPATION	OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: Housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.
16. Date (month and year) last engaged in this work ....., 19..	25. Date (month and year) last engaged in this work ....., 19..
17. Total time (years) spent in this work	26. Total time (years) spent in this work

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child) 3
(a) Born alive and now living 3 (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... months or weeks

30. Cause of stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... at ..... m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

Give name added from a supplemental report .....
(Date of)

(Signed) Cora L. Brooks (Mother) M. D.
or Box 105, Boise, Idaho, Midwife
Address .....
Subscribed and sworn to before me this 25 day of March 1938

Filed 3-25-38, 193..

Registrar.

Paul Dillon Registrar
State Registrar

3/19/41 L. B.

1. PLACE OF BIRTH

County of Latah

City of Moscow

No. R.F.D. # 2

A445-219-029-961

(If born in hospital or institution give name.)

MAY 2 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

266281

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Goldie Etta Munson

3. Sex	If plural births: 4. Twin, triplet, or other ... 5. Number, in order of birth ...	6. Premature ... Full term ...	7. Legitimate?	8. Date of birth (Month, Day, Year)
Female			Yes	Oct 19, 1896

FATHER		MOTHER	
9. Full name	Charles J Munson	18. Full maiden name	Clemana E. Roadruck
10. Residence (usual place of abode) (If non-resident, give place and State)	R.F.D. # 2 Moscow Idah	19. Residence (usual place of abode) (If non-resident, give place and State)	Moscow Idaho
11. Color or race	White	20. Color or race	white
12. Age at last birthday	35 (years)	21. Age at last birthday	27 (years)
13. Birthplace (city or place) (State or Country)	near Attica Indiana	22. Birthplace (city or place) (State or Country)	Arcadia Indiana
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	Farmer	OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.	Housekeeper
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	"	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.	"
16. Date (month and year) last engaged in this work	Oct 19[illegible], 1896	25. Date (month and year) last engaged in this work	Oct 19, 1896
17. Total time (years) spent in this work	all	26. Total time (years) spent in this work	all

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Don't Know

28. Number of children of this mother 3 (At time of this birth and including this child)
(a) Born alive and now living ..... (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... months or weeks

30. Cause of Stillbirth ..... During labor ..... Before labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... at ..... m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report .....

(Date of)

(Signed) ....., M. D.

or ....., Midwife

Address .....

Filed MAY 2 1938, 193...

Registrar. Registrar.

STATE OF IDAHO
BARZILLA W. CLARK, GOVERNOR

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Idaho
County of Latah } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Charles J. Munson being first duly sworn says that

he is the Father (Relationship of child)* of Goldie E. Munson

born Oct 19th 1896 (Date of birth) at R.F.D # 2 Moscow, Idaho,

whose certificate of birth is hereto attached, and that he desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said Goldie E. Munson

Mrs D. Rodgers hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Mrs D. Rodgers ~~M. D.~~ was the Midwife medical attendant at the birth of said Goldie E. Munson and that the said medical attendant is Deceased (Now deceased (or) cannot be located)

Name of Affiant Charles J. Munson

P. O. Address R F D # 2, Moscow, Idaho

Subscribed and sworn to before me this 29th day of April, 1938

L. Meeder Notary Public.

Residing at Moscow, Idaho.

*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

1759-127:036-816

1. **PLACE OF BIRTH**

County of Oneida

City of Franklin

No. ..... St.

(If born in hospital or institution give name.)

JUL 18 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

267796

Registration District No. ..... State File No. 267796

Prim. Registration District No. ..... Local Registrar's No. .....

2. **FULL NAME OF CHILD** Henry Milton Peirce

3. Sex	If plural births	6. Premature	7. Legitimate?	8. Date of birth
male	4. Twin, triplet, or other ..... 5. Number, in order of birth	no. Full term yes	yes	Aug 27, 1896 (Month, Day, Year)

FATHER

9. Full name John Henry Peirce

10. Residence (usual place of abode) (If non-resident, give place and State) Chesterfield

11. Color or race white | 12. Age at last birthday 38 (years)

13. Birthplace (city or place) (State or Country) Brigham City Utah

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Sheep Foreman

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Smart & Webster

16. Date (month and year) last engaged in this work Aug 27, 1896

17. Total time (years) spent in this work 4 years.

MOTHER

18. Full maiden name Alice Haworth

19. Residence (usual place of abode) (If non-resident, give place and State) Chesterfield

20. Color or race white | 21. Age at last birthday 31 (years)

22. Birthplace (city or place) (State or Country) Logan Utah

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. House Wife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Own Home

25. Date (month and year) last engaged in this work Aug 27, 1896

26. Total time (years) spent in this work 2 years.

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living..... (b) Born alive but now dead..... (c) Stillborn.....

29. If stillborn, period of gestation..... months or weeks

30. Cause of Stillbirth ..... During labor..... Before labor.....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... at ..... m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) ....., M. D.

or ....., Midwife

Address .....

Give name added from a supplemental report .....

(Date of)

Filed ....., 193... .....

Registrar.

JUL 18 1938

Registrar.

STATE OF IDAHO
BARZILLA W. CLARK, GOVERNOR

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

AFFIDAVIT

(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

State of Idaho
County of Oneida } ss.

I, John Henry Pearce, being first duly sworn says that he is the father of Henry Hilton Pearce
(Relationship of child)*

born Aug. 27 - 1896 at Franklin, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that he desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said Henry Hilton Pearce hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Mrs. Morgan ~~M. D.~~ Midwife was the medical attendant at the birth of said Henry Hilton Pearce and that the ~~said medical attendant~~ is now deceased.
(Now deceased (or) cannot be located)

Name of Affiant John H. Pearce

P. O. Address Clarkson Alberta

Subscribed and sworn to before me this 15th day of June, 1938

H. W. Hoggan
Notary Public.

Residing at Clarkson, ~~Idaho.~~

*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

Notary Public in and for the Province of Alberta



WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—If more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of Bear Lake, RECEIVED

~~City or~~ Town of Nounan,

No. 4495 209 004-469 St. AUG 1 - 1938

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 269073

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD LOUISE MINNIG

3. Sex	If plural births	6. Premature	7. Legitimate?	8. Date of birth
Female	4. Twin, triplet, or other ..... 5. Number, in order of birth	Full term X	Yes.	April 9, 1896. (Month, Day, Year)

FATHER

9. Full name: Jonn Minnig

10. Residence (usual place of abode) (If non-resident, give place and State): Nounan, Ida.

11. Color or race: White | 12. Age at last birthday: 36 (years)

13. Birthplace (city or place) (State or Country): Switzerland.

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farmer.

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.:

16. Date (month and year) last engaged in this work: to date...., 19.....

17. Total time (years) spent in this work: all life

MOTHER

18. Full maiden name: Elizabeth Morley ([redacted])

19. Residence (usual place of abode) (If non-resident, give place and State): Nounan, Idaho.

20. Color or race: White | 21. Age at last birthday: 26 (years)

22. Birthplace (city or place) (State or Country): Switzerland.

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: Housewife,

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.: none.

25. Date (month and year) last engaged in this work: todate...., 19.....

26. Total time (years) spent in this work: xxxxx

27. What prophylactic was used to prevent Ophthalmia Neonatorum?

28. Number of children of this mother (At time of this birth and including this child): Six
(a) Born alive and now living 5 (b) Born alive but now dead one (c) Stillborn none.

29. If stillborn, period of gestation: xxxxx (months or weeks)

30. Cause of Stillbirth: xxx (During labor / Before labor)

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive (Born Alive or Stillborn) at 11 p.m. on the date above stated.

(Signed) C[redacted]r, M. D.

or ....., Midwife

Address Montpelier, Idaho.

Filed Ap[redacted], 1938.

Registrar.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report .....

(Date of)

.....

Registrar.

AUG 1 - 1938

STATE OF IDAHO
BARZILLA W. CLARK, GOVERNOR

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Idaho.
County of Bear Lake. } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

John Minnig, being first duly sworn says that he is the father (Relationship of child)* of Louise Minnig born April 9, 1896 (Date of birth) at Nounan, Bear Lake County, Idaho, whose certificate of birth is hereto attached, and that Louise Minnig desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho**; and affiant further states that the facts contained in the certificate of birth of the said Louise Minnig hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that C. A. Hoover, M. D. was the ~~Midwife~~ medical attendant at the birth of said Louise Minnig and that the said medical attendant is now deceased.
(Now deceased (or) cannot be located)

Name of Affiant John Minnig

P. O. Address Nounan, Idaho.

Subscribed and sworn to before me this 30th day of July, 19 38.

Chas Eldredge

Notary Public.

Residing at Montpelier, Idaho.

*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

113/17 044-665

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Washington
City of Weiser
No. ..... St.
(If born in hospital or institution give name.)

REC'D AUG 17 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

769981

269981

Registration District No. ..... State File No. .....
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Delbert Harold Jackson

3. Sex	If plural births	6. Premature	7. Legitimate?	8. Date of birth
Male	4. Twin, triplet, or other ..... 5. Number, in order of birth	Full term Yes	Yes	March 17, 1896 (Month, Day, Year)

FATHER	MOTHER
9. Full name: Alexus Jackson	18. Full maiden name: Rebecca May Owen
10. Residence (usual place of abode) (If non-resident, give place and State): Weiser, Idaho	19. Residence (usual place of abode) (If non-resident, give place and State): Weiser, Idaho
11. Color or race: White | 12. Age at last birthday: 27 (years)	20. Color or race: White | 21. Age at last birthday: 25 (years)
13. Birthplace (city or place) (State or Country): Davis County, Missouri	22. Birthplace (city or place) (State or Country): Blue Springs, Nebraska
OCCUPATION	OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farmer	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: Housekeeper
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.: Farm	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.: Own home
16. Date (month and year) last engaged in this work: Now engaged, 19	25. Date (month and year) last engaged in this work: Now engaged, 19
17. Total time (years) spent in this work: 9	26. Total time (years) spent in this work: 7

27. What prophylactic was used to prevent Ophthalmia Neonatorum? None

28. Number of children of this mother (At time of this birth and including this child) 3, second child stillborn
(a) Born alive and now living 2 (b) Born alive but now dead ..... (c) Stillborn 1

29. If stillborn, period of gestation ..... months or weeks

30. Cause of stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... at ..... m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) Alexus Jackson Father
or Rebecca May Jackson Mother, M. D., Midwife

Address .....

Give name added from a supplemental report .....
(Date of)

Filed AUG 27 1938, 193... Earl Bellingham
State Registrar

.....
Registrar.

STATE OF IDAHO
BARZILLA W. CLARK, GOVERNOR

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Idaho
County of Washington } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Rebecca May Jackson being first duly sworn says that she is the mother (Relationship of child)* of Delbert Harold Jackson born March 17, 1896 (Date of birth) at Weiser, Idaho, whose certificate of birth is hereto attached, and that Delbert Harold Jackson desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho**; and affiant further states that the facts contained in the certificate of birth of the said Delbert Harold Jackson hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Susanna M. Dawson ~~M.D.~~ was the Midwife medical attendant at the birth of said Delbert Harold Jackson and that the said ~~medical attendant~~ midwife is now deceased.
(Now deceased (or) cannot be located)

Name of Affiant Rebecca May Jackson

P. O. Address Weiser, Idaho

Subscribed and sworn to before me this 26th day of August, 1938

John J. Clark
Notary Public.

Residing at Weiser, Idaho.

*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

STATE OF IDAHO
BARZILLA W. CLARK, GOVERNOR

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Idaho
County of Washington } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Alexus Jackson being first duly sworn says that

he is the father of Delbert Harold Jackson
(Relationship of child)*

born March 17, 1896 at Weiser, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that Delbert Harold Jackson desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certifi cate of birth of the said Delbert Harold Jackson hereto attached are true and correct as stated therein, **and that this birth has not been previously r ecorded.**

Affiant further states that Susanna M. Dawson ~~M.D.~~ was the Midwife medical attendant at the birth of said Delbert Harold Jackson and that the said ~~medical attendant~~ midwife is now deceased.
(Now deceased (or) cannot be located)

Name of Affiant* Alexus Jackson

P. O. Address Weiser, Idaho

Subscribed and sworn to before me this 26th day of August, 1938

John J. Peacock
Notary Public.

Residing at Weiser, Idaho.

***If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.**

JUN 6 1972

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

154-12-036-603

1. **PLACE OF BIRTH**
County of Owyhee
City of Silver, Idaho
No. ..... St.
(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

271160

OCT 7 - 1938

Registration District No. 26 State File No. .....
Prim. Registration District No. 2064 Local Registrar's No. 87

2. **FULL NAME OF CHILD** Minnona Anderson

3. Sex: Female
If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth .....
6. Premature ..... Full term Yes
7. Legitimate? Yes
8. Date of birth August 12, 1896 (Month, Day, Year)

FATHER	MOTHER
9. Full name: Christian Anderson	18. Full maiden name: Amanda Wilkinson
10. Residence (usual place of abode) (If non-resident, give place and State): Silver, Idaho	19. Residence (usual place of abode) (If non-resident, give place and State): Silver, Idaho
11. Color or race: W | 12. Age at last birthday: 26 (years)	20. Color or race: W | 21. Age at last birthday: 22 (years)
13. Birthplace (city or place) (State or Country): Tyrrum, Utah	22. Birthplace (city or place) (State or Country): Canada
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farmer	OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: Housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.: Own home
16. Date (month and year) last engaged in this work ....., 19..... | 17. Total time (years) spent in this work.....	25. Date (month and year) last engaged in this work ....., 19..... | 26. Total time (years) spent in this work.....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 1 (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... { months or weeks
30. Cause of stillbirth ..... { Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 5:a.m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.
Give name added from a supplemental report .....
(Date of) .....
Registrar.

(Signed) ....., M. D.
or Beth C Owens, Midwife
Address Malad, Idaho
Filed Sept 30, 1938 M. D. Ferns
Registrar.

A393-120-032-393

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. ____ State File No. 272264

Prim. Registration District No. ____ Local Registrar's No. ____

OCT 24 1938

1. PLACE OF BIRTH

County of Lincoln

City of Shoshone

No. ____ St. Idaho

(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Lewis Jackson Lile

3. Sex: Male

If plural births: 4. Twin, triplet, or other ____ 5. Number, in order of birth ____

6. Premature ____ Full term ____

7. Legitimate? ____

8. Date of birth 9/20, 1896 (Month, Day, Year)

FATHER

9. Full name: Sater Jackson Lile (deceased)

10. Residence (usual place of abode) (If non-resident, give place and State): Shoshone

11. Color or race: White | 12. Age at last birthday ____ (years)

13. Birthplace (city or place) (State or Country): Benton Co., Missouri

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farming

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.: ____

16. Date (month and year) last engaged in this work ____, 19____

17. Total time (years) spent in this work: 30 yrs

MOTHER

18. Full maiden name: Norvilla Catherine Lile

19. Residence (usual place of abode) (If non-resident, give place and State): Shoshone

20. Color or race: White | 21. Age at last birthday 41 (years)

22. Birthplace (city or place) (State or Country): Jones Co., Iowa

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: Housewife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.: ____

25. Date (month and year) last engaged in this work ____, 19____

26. Total time (years) spent in this work ____

27. What prophylactic was used to prevent Ophthalmia Neonatorum? ____

28. Number of children of this mother (At time of this birth and including this child): three
(a) Born alive and now living 3 (b) Born alive but now dead ____ (c) Stillborn ____

29. If stillborn, period of gestation ____ months or weeks

30. Cause of stillbirth ____ Before labor ____ During labor ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ____ (Born Alive or Stillborn) at ____ m. on the date above stated.

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

Give name added from a supplemental report ____ (Date of)

(Signed) ____, M. D.

or ____, Midwife

Address ____

Filed OCT 24 1938, 193____

Registrar. Registrar.

STATE OF IDAHO
BARZILLA W. CLARK, GOVERNOR

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

AFFIDAVIT

(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

State of Idaho
County of Canyon } ss.

Norvilla Catherine Lile being first duly sworn says that she is the Mother of Lewis Jackson Lile
(Relationship of child)*

born September 2, 1896 at Shoshone, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho**; and affiant further states that the facts contained in the certificate of birth of the said Lewis Jackson Lile hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Mrs. Chriswell M.D. was the Midwife medical attendant at the birth of said Lewis Jackson Lile and that the said medical attendant is now deceased
(Now deceased (or) cannot be located)

Name of Affiant Norvilla Catherine Lile.

P. O. Address

Subscribed and sworn to before me this 22nd day of October, 19 38

Bernice Lawson
Notary Public.

Residing at Nampa, Idaho.

*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

699 206029 599

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
MARGIN RESERVED FOR BINDING
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS 273257

CERTIFICATE OF BIRTH

Registration District No.____ State File No. 273257

Prim. Registration District No.____ Local Registrar's No.____

1. PLACE OF BIRTH
County of Latah
City of Troy Idaho
No.____ St.____
(If born in hospital or institution give name.) At home

2. FULL NAME OF CHILD Emma Louise Frisk

3. Sex: Female
If plural births: 4. Twin, triplet, or other____ 5. Number, in order of birth 1
6. Premature____ Full term yes
7. Legitimate? yes
8. Date of birth Feb 6 1896 (MONTH, DAY, YEAR)

FATHER

9. Full name: Ole Simon Frisk
10. Residence (usual place of abode) (If non-resident, give place and State): Residence
11. Color or race: W
12. Age at last birthday: 39 (years)
13. Birthplace (city or place) (State or country): Sweden

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farmer
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.: own Farm
16. Date (month and year) last engaged in this work: ____, 19__
17. Total time (years) spent in this work: all his life

MOTHER

18. Full maiden name: Magnild Erickson
19. Residence (usual place of abode) (If non-resident, give place and State): Residence
20. Color or race: white
21. Age at last birthday: 38 (years)
22. Birthplace (city or place) (State or country): Sweden

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: housekeeper
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.: own home
25. Date (month and year) last engaged in this work: ____, 19__
26. Total time (years) spent in this work____

27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 4 (b) Born alive but now dead none (c) Stillborn____

28. If stillborn, period of gestation none months or weeks
29. Cause of stillbirth none — Before labor____ During labor____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Feb 6 (BORN ALIVE OR STILLBORN) at 4 m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

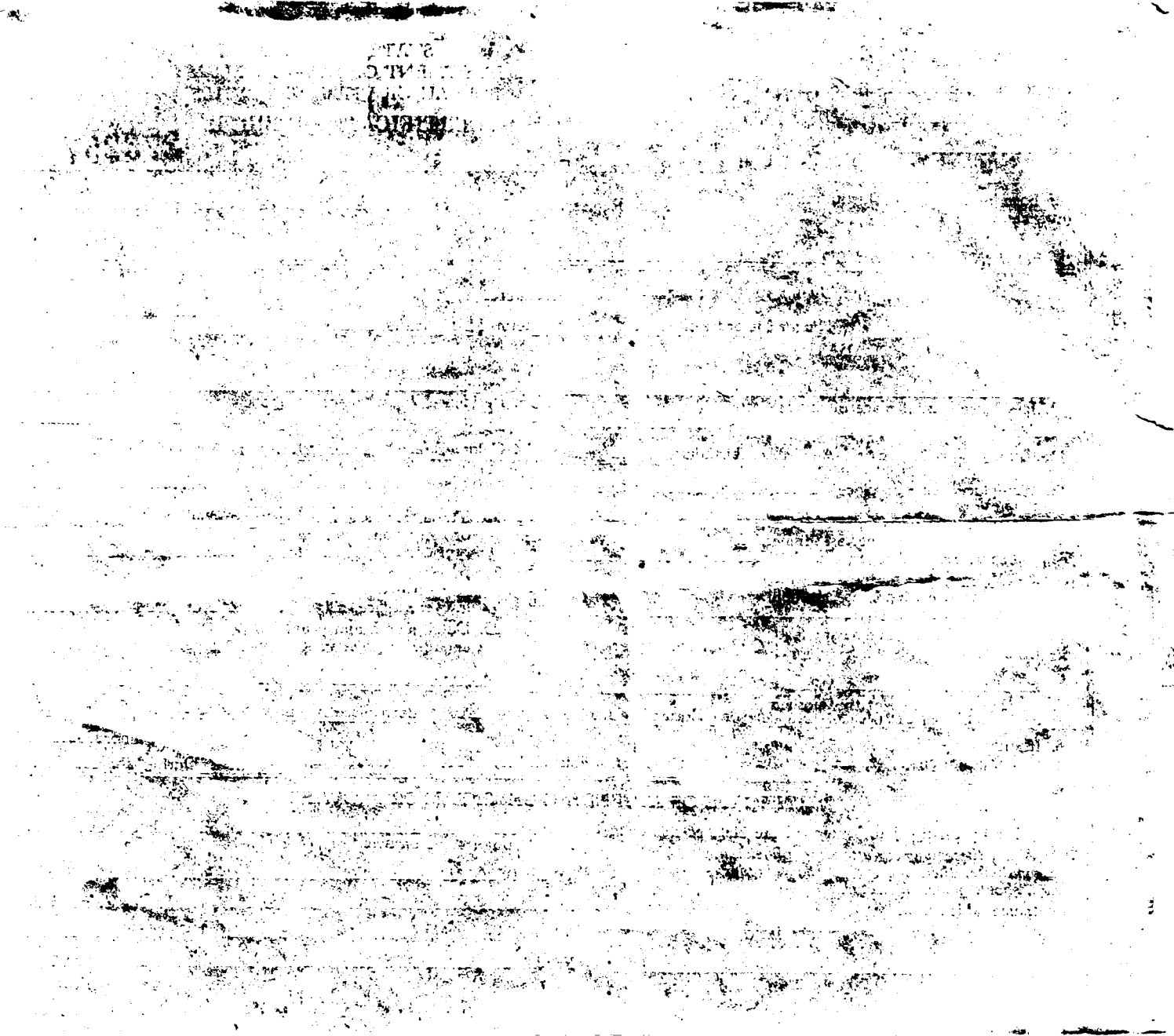
(Signed) Magnild Frisk mother, ~~M. D.~~
or Mrs O Eg. Swanson, Midwife
Address Troy Idaho

Give name added from a supplemental report____ (DATE OF)

Filed Jan 2, 1939

Registrar.

Registrar.



STATE OF IDAHO
BARZILLA W. CLARK, GOVERNOR

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Idaho
County of Shoshone } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Magnild Frisk being first duly sworn says that

she is the Mother of Emma Louise Frisk
(Relationship of child)*

born February 6, 1896 at Troy, Idaho, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho**; and affiant further states that the facts contained in the certificate of birth of the said Emma Louise Frisk

hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Mrs. E. Swanson [redacted] Midwife

medical attendant at the birth of said Emma Louise Frisk and that the said medical attendant is deceased
(Now deceased (or) cannot be located)

Name of Affiant [redacted]

P. O. Address Pinehurst Idaho

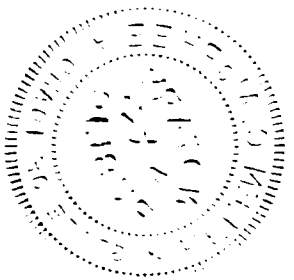
Subscribed and sworn to before me this 21st day of December, 1938

Helen C McPhee
Notary Public.

Residing at Murray, Idaho.

*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

4-19-42



359 224 028 551

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Kootenai
City of Coeur d'Alene
No. Coeur d'Alene Ave. St.
(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

275478

FEB 10 1939

CERTIFICATE OF BIRTH

Registration District No. 30 State File No.
Prim. Registration District No. 1051 Local Registrar's No. 15

2. FULL NAME OF CHILD Signa Elida Leinum

3. Sex	If plural births: 4. Twin, triplet, or other / 5. Number, in order of birth	6. Premature / Full term	7. Legitimate?	8. Date of birth (Month, Day, Year)
F		X	Yes	March 24 1896

FATHER	MOTHER
9. Full name: Andrew S. Leinum	18. Full maiden name: Johanna Evans
10. Residence (usual place of abode) (If non-resident, give place and State): Coeur d'Alene	19. Residence (usual place of abode) (If non-resident, give place and State): Coeur d'Alene
11. Color or race: W | 12. Age at last birthday: 49 (years)	20. Color or race: W | 21. Age at last birthday: 29 (years)
13. Birthplace (city or place) (State or Country): Norway	22. Birthplace (city or place) (State or Country): Norway
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Concrete Worker	OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: Housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.:	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.: Own Home
16. Date (month and year) last engaged in this work: March, 1896 | 17. Total time (years) spent in this work:	25. Date (month and year) last engaged in this work: March, 1896 | 26. Total time (years) spent in this work:

27. What prophylactic was used to prevent Ophthalmia Neonatorum?

28. Number of children of this mother (At time of this birth and including this child) 5 (a) Born alive and now living 4 (b) Born alive but now dead 1 (c) Stillborn

29. If stillborn, period of gestation { months or weeks

30. Cause of Stillbirth { During labor / Before labor

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born Alive (Born Alive or Stillborn) at 10a. m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report (Date of)

(Signed) (Dr. Elkins), M. D.
or Johanna Leinum, Midwife
Address RT#1 Coeur d'Alene, Idaho. Mother

Filed 1-13, 1939 H. L. Stewcombe, Mrs. C.

Registrar. Registrar.

STATE OF IDAHO
BARZILLA W. CLARK, GOVERNOR

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Idaho
County of Kootenai } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Johanna Lemmon being first duly sworn says that she is the mother (Relationship of child)* of Signa Elida Lemmon born March 24, 1896 (Date of birth) at Coeur d' Alene, Idaho, whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho**; and affiant further states that the facts contained in the certificate of birth of the said Signa Elida Lemmon hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Dr. Elkinson M. D. was the ~~Midwife~~ medical attendant at the birth of said Signa Elida Lemmon and that the said medical attendant is now deceased (Now deceased (~~or) cannot be located~~)

Name of Affiant Johanna Lemmon

P. O. Address Rt. # 1, CdAlene, Idaho

Subscribed and sworn to before me this 13th day of January, 19 39

Jas A Foster Clerk Dist. Court

~~Notary Public.~~

~~Residing at~~ By Vera B. Gil ~~Idaho.~~ Deputy

*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

693-112 028 -419

276469

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

RECEIVED MAR 7 1939

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

276469

Registration District No. ____ State File No. ____

Prim. Registration District No. ____ Local Registrar's No. ____

1. PLACE OF BIRTH

County of Kootenai

City of Kellogg-Idaho

No. ____ St. ____

(If born in hospital or institution give name.)

2. FULL NAME OF CHILD George A. Williamson

3. Sex	If plural births: 4. Twin, triplet, or other	5. Number, in order of birth	6. Premature	Full term Yes	7. Legitimate? Yes	8. Date of birth November 12 1896 (Month, Day, Year)
Male						

	FATHER	MOTHER
9. Full name	Asa Branch Williamson	
18. Full maiden name		Leona Mona Ethel Mae Martin
10. Residence (usual place of abode) (If non-resident, give place and State)	Kellogg-Idaho	
19. Residence (usual place of abode) (If non-resident, give place and State)		Kellogg-Idaho
11. Color or race	White	
12. Age at last birthday	34 (years)	
20. Color or race		White
21. Age at last birthday		19 (years)
13. Birthplace (city or place) (State or Country)	Stilacom-Washington	
22. Birthplace (city or place) (State or Country)		Eugene-Oregon
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	Butcher	
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	Meat-Market	
16. Date (month and year) last engaged in this work	March, 1896	
17. Total time (years) spent in this work	15	
OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.		House-keeper
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.		Home
25. Date (month and year) last engaged in this work		Nov- 1896
26. Total time (years) spent in this work		4

27. What prophylactic was used to prevent Ophthalmia Neonatorum? ____

28. Number of children of this mother (At time of this birth and including this child) Three
(a) Born alive and now living 3 (b) Born alive but now dead Nil (c) Stillborn Nil

29. If stillborn, period of gestation Nil (months or weeks)

30. Cause of stillbirth Nil — Before labor Nil; During labor Nil

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ____ at ____ m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report ____

(Date of)

Registrar.

(Signed) ____, M. D.

or ____, Midwife

Address ____

Filed Mar. 7-1939 193 Mae L. Attwood
Registrar.

STATE OF IDAHO

REC[illegible] MAR 7 1939

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Washington } ss.
County of [illegible]

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Leona Williamson Stalder being first duly sworn says that she is the Mother (Relationship of child)* of George A. Williamson born Nov. 12, 1896 (Date of birth) at Kellogg, Idaho, whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said George A. Williamson hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Dr. Michette M. D. was the ~~Midwife~~ medical attendant at the birth of said George A. Williamson and that the said medical attendant is now deceased (Now deceased (or) cannot be located)

Name of Affiant Leona Williamson Stalder

P. O. Address Colville, Washington

Subscribed and sworn to before me this 4th day of March, 1939.

[signature]
Notary Public.

Residing at Colville, Wash. ~~Idaho~~

*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

A666-211025-813

1. PLACE OF BIRTH

County of Idaho

City of Kamiah

No. ..... St.

(If born in hospital or institution give name.)

RECEIVED
MAR 17 1939

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

276510

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Ethel Jane Wood

3. Sex	If plural births	6. Premature	7. Legitimate?	8. Date of birth
Female	4. Twin, triplet, or other ..... 5. Number, in order of birth One	Full term X	yes	Oct 11, 1896 (Month, Day, Year)

FATHER

9. Full name Jefferson Wood

10. Residence (usual place of abode) (If non-resident, give place and State) Kamiah Idaho

11. Color or race White | 12. Age at last birthday 42 (years)

13. Birthplace (city or place) (State or Country) Maravia Iowa,

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. .....

16. Date (month and year) last engaged in this work ....., 19.....

17. Total time (years) spent in this work Life time

MOTHER

18. Full maiden name Alice Jane ~~Wood~~ Hall

19. Residence (usual place of abode) (If non-resident, give place and State) Kamiah Ida

20. Color or race White | 21. Age at last birthday 32 (years)

22. Birthplace (city or place) (State or Country) The Dalles Oregon

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. .....

25. Date (month and year) last engaged in this work ....., 19.....

26. Total time (years) spent in this work Lifetime

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother Eight Now (At time of this birth and including this child) (a) Born alive and now living 5 (b) Born alive but now dead 0 (c) Stillborn 0

29. If stillborn, period of gestation ..... { months or weeks

30. Cause of Stillbirth ..... { During labor ..... Before labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... at ..... m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

Give name added from a supplemental report .....

(Date of)

(Signed) ....., M. D.

or ....., Midwife

Address .....

Filed March 17, 1939

.....
Registrar.

.....
Registrar.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Idaho
County of Lewis } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Arthur B Wood being first duly sworn says that

is the brother (Relationship of child)* of Ethel Jane Wood

born October 11. 1896 (Date of birth) at Kamiah, Idaho,

whose certificate of birth is hereto attached, and that Le desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho and affiant further states that the facts contained in the certificate of birth of the said Ethel Jane Wood hereto attached are true and correct as stated therein, and that this birth has not been previously recorded.

Affiant further states that Jane Shaw ~~M. D.~~ was the Midwife medical attendant at the birth of said Ethel Jane Wood and that the said medical attendant is deceased (Now deceased (or) cannot be located)

Name of Affiant Arthur B Wood

P. O. Address Kamiah Idaho

Subscribed and sworn to before me this 14th day of March, 1939

L. H. Rehberg
Notary Public.

Residing at Kamiah, Idaho.

*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

415-104025-556

MAR 13 1939

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 276536

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of Idaho

City of Clearwater

No. ..... St.

(If born in hospital or institution give name.)

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Ray Melvin Davis

3. Sex Male | If plural births { 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... } | 6. Premature ..... Full term yes | 7. Legitimate? yes | 8. Date of birth Oct 4, 1896 ~~193~~ (Month, Day, Year)

	FATHER	MOTHER
9. Full name	Benjiman L. Davis	18. Full maiden name Bertha May Newman
10. Residence (usual place of abode) (If non-resident, give place and State)		19. Residence (usual place of abode) (If non-resident, give place and State)
11. Color or race	White	20. Color or race White
12. Age at last birthday	26 (years)	21. Age at last birthday 23 (years)
13. Birthplace (city or place) (State or Country)	Spirit Lake Iowa	22. Birthplace (city or place) Miller Station Oregon
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	blacksmithing	OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Horse keeper
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.		24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.
16. Date (month and year) last engaged in this work	....., 19....	25. Date (month and year) last engaged in this work ....., 19....
17. Total time (years) spent in this work		26. Total time (years) spent in this work

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother two (At time of this birth and including this child) (a) Born alive and now living 2 (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... { months or weeks } | 30. Cause of stillbirth ..... { Before labor ..... During labor ..... }

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive (Born Alive or Stillborn) at 2 P m. on the date above stated.

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

(Signed) Bertha Davis Gerken, M. D.

or mother, Midwife

Address .....

Give name added from a supplemental report .....

(Date of) .....

Filed MAR 13 1939, 193...

Registrar. Registrar.

MAR 13 1939

STATE OF IDAHO
BARZILLA W. CLARK, GOVERNOR

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Idaho
County of Idaho } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Bertha Davis Gerken being first duly sworn says that she is the Mother (Relationship of child)* of Ray Melvin Davis born Oct 4, 1896 (Date of birth) at Clearwater, Idaho, whose certificate of birth is hereto attached, and that desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said Ray Melvin Davis hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Mrs Brown, ~~M. D.~~ Midwife was the medical attendant at the birth of said Ray Melvin Davis and that the said ~~medical~~ attendant is now deceased (Now deceased (or) cannot be located)

Name of Affiant Bertha Davis Gerken

P. O. Address Dayton Wn

Subscribed and sworn to before me this 10 day of Mch, 1939

Ray N Leaheil
Notary Public.

Residing at Dayton Wn, ~~Idaho.~~

*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

MAY 1 1 1942

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N.B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH 962-222-644-433

County of Washington

City of Weiser

No. Route #1 St.

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

APR 14 1939

a 11486

277486

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Mable Ross

3. Sex	If plural births: 4. Twin, triplet, or other ... 5. Number, in order of birth ...	6. Premature ... Full term Yes	7. Legitimate? Yes	8. Date of birth Nov. 22nd 1896 (Month, Day, Year)
Female				

	FATHER	MOTHER
9. Full name	Charles Williem Ross	
18. Full maiden name		Rose Ann Mc Cully.
10. Residence (usual place of abode) (If non-resident, give place and State)	Westview Valley.	
19. Residence (usual place of abode) (If non-resident, give place and State)		West View Valley.
11. Color or race	White	
12. Age at last birthday	40 (years)	
20. Color or race		White
21. Age at last birthday		33 (years)
13. Birthplace (city or place) (State or Country)	Kentucky. U. S. A.	
22. Birthplace (city or place) (State or Country)		Grant Barnaroo Canada
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	Farmer	
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	Farm.	
16. Date (month and year) last engaged in this work	Nov. 22nd, 1896	
17. Total time (years) spent in this work	15 years	
OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.		Home Wife.
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.		Home.
25. Date (month and year) last engaged in this work		Nov. 22nd, 1896
26. Total time (years) spent in this work		15 years

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Do not Know.

28. Number of children of this mother 4 (At time of this birth and including this child) (a) Born alive and now living 1 (b) Born alive but now dead 2 (c) Stillborn .....

29. If stillborn, period of gestation ..... months or weeks

30. Cause of Stillbirth ..... During labor ..... Before labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... (Born Alive or Stillborn) at ..... m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) Joseph R. Newsboys, Sr., M. D.

or ....., Midwife

Address .....

Give name added from a supplemental report Rose Ann Ross (Date of)

Filed ..... 193... APR 14 1939

Registrar. Registrar.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

State of California
County of San Mateo. } ss.

Rosa Ann Ross. being first duly sworn says that

she is the Mother of Mabel Ross (now Mabel Robinson
(Relationship of child)*

born Nov 22nd 1896 at Weiser, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that Mabel Ross Robinson desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said Mabel Ross — Mabel Robinson

hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Dalton J. P. Summers M. D. was the Midwife medical attendant at the birth of said and that the said medical attendant is [redacted] (or) cannot be located)

Name of Affiant Rosa Ann Ross

P. O. Address Daly City 708 Ashbury Ave

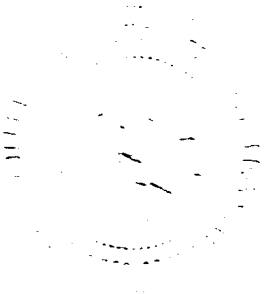
Subscribed and sworn to before me this 10 day of April, 1939

Florence M. Crouch
Notary Public.

Residing at Daly City, San Mateo County, ~~Idaho.~~ Calif.

My com. expires 8/31/42

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.



AC193-129-007-238

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N.B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

277500

1. PLACE OF BIRTH
County of Blaine
City of Hailey
No. ____ St. ____
Idaho
(If born in hospital or institution give name.)

Registration District No. ____ State File No. ____
Prim. Registration District No. ____ Local Registrar's No. ____

2. FULL NAME OF CHILD Ray Francis Millsaps

3. Sex: male

If plural births: 4. Twin, triplet, or other ____ 5. Number, in order of birth ~~2nd~~

6. Premature no. Full term yes.

7. Legitimate? yes.

8. Date of birth July 29, 1896 (Month, Day, Year)

FATHER

9. Full name: Wm. Francis (Frank) Millsaps

10. Residence (usual place of abode) (If non-resident, give place and State): Shoshone, Ida.

11. Color or race: white | 12. Age at last birthday: 32 (years)

13. Birthplace (city or place) (State or Country): Rockport, Missouri

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Stock business

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.: ____

16. Date (month and year) last engaged in this work: July 29, ~~19~~ 1896

17. Total time (years) spent in this work: 4 yrs.

MOTHER

18. Full maiden name: Mary Ellen Schoonover

19. Residence (usual place of abode) (If non-resident, give place and State): Shoshone Ida.

20. Color or race: white | 21. Age at last birthday: 30 (years)

22. Birthplace (city or place) (State or Country): Brownville Nebraska

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: housekeeper

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.: own home

25. Date (month and year) last engaged in this work: July 28, ~~19~~ 1896

26. Total time (years) spent in this work: 7 yrs.

27. What prophylactic was used to prevent Ophthalmia Neonatorum? none

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 2 (b) Born alive but now dead ____ (c) Stillborn ____

29. If stillborn, period of gestation ____ { months or weeks.

30. Cause of stillbirth ____ { Before labor ____ During labor ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 10 a.m. on the date above stated.
(Born Alive or Stillborn)

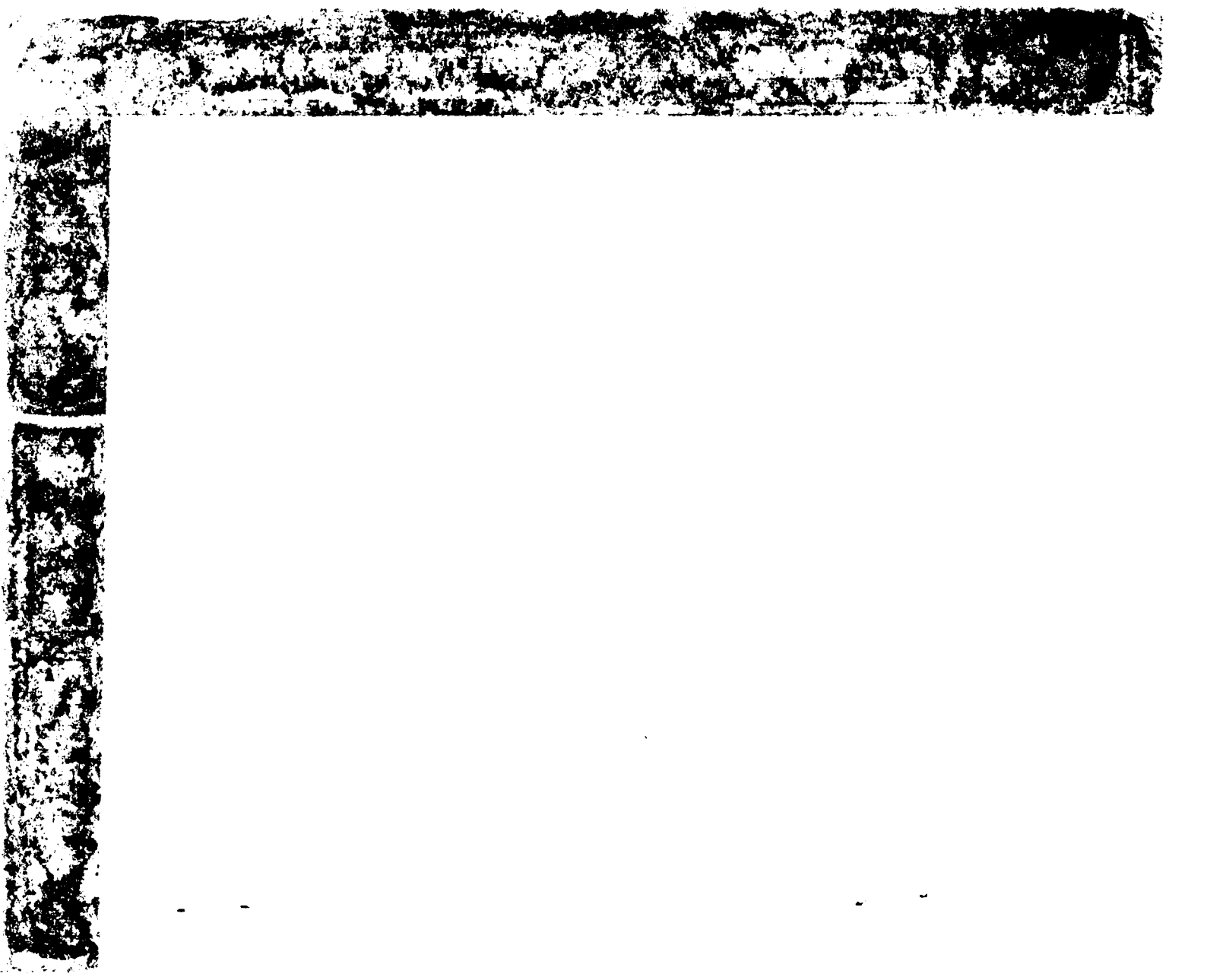
When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report ____
(Date of)

(Signed) ____ M. D.
or ____ Midwife
Address ____

Filed ____, 193__

Registrar. Registrar.



STATE OF IDAHO

C. A. BOTTOLFSEN ~~[illegible]~~ GOVERNOR

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

AFFIDAVIT

(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

State of Arizona } ss.
County of Maricopa }

Wm. Francis (Frank) Millsaps being first duly sworn says that he is the father (Relationship of child)* of Ray Francis Millsaps born July 29, 1896 (Date of birth) at Hailey, Idaho, whose certificate of birth is hereto attached, and that he desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said Ray Francis Millsaps hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that none M. D. was the Midwife medical attendant at the birth of said Ray Francis Millsaps and that the said medical attendant is (Now deceased (or) cannot be located)

Name of Affiant Frank Millsaps

P. O. Address Rt. 1, Box 412 M. Phoenix Ariz.

Subscribed and sworn to before me this 20th day of March, 1939

My Commission Expires May 15, 1940 Milo E. Ray
Notary Public.

Residing at ....., Idaho.

*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

APR 25 1961

A 255128 029 252

278559

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

278559

MAY 5 1939

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of LATAH
City of VIOLA
No. ..... St. .....
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD DELL CONRAD SNELL

3. Sex MALE | If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... | 6. Premature ..... Full term ✓ | 7. Legitimate? YES | 8. Date of birth June 28, 1896. (Month, Day, Year)

FATHER	MOTHER
9. Full name: JOHN B. SNELL	18. Full maiden name: ELLA C. KESEL
10. Residence (usual place of abode) (If non-resident, give place and State): VIOLA	19. Residence (usual place of abode) (If non-resident, give place and State): VIOLA
11. Color or race: WHITE | 12. Age at last birthday: 31 (years)	20. Color or race: WHITE | 21. Age at last birthday: 22 (years)
13. Birthplace (city or place) (State or Country): Grant County, Wisconsin	22. Birthplace (city or place) (State or Country): Lee County, Iowa
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farmer and Store clerk	OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: Housewife only
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.: Retail	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. .....
16. Date (month and year) last engaged in this work: June 28, 1896 | 17. Total time (years) spent in this work: all his life	25. Date (month and year) last engaged in this work: June, 1896 | 26. Total time (years) spent in this work: all her life

27. What prophylactic was used to prevent Ophthalmia Neonatorum? None.

28. Number of children of this mother: Three (At time of this birth and including this child) (a) Born alive and now living 3 (b) Born alive but now dead None (c) Stillborn none

29. If stillborn, period of gestation ..... months or weeks | 30. Cause of Stillbirth ..... During labor ..... Before labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... at ..... m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) ....., M. D.

or ....., Midwife

Address .....

Give name added from a supplemental report .....
(Date of)

Filed MAY 5 1939

..... Registrar.

..... Registrar.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

346559

State of Washington
County of Chelan } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Ella C. Snell being first duly sworn says that she is the mother (Relationship of child)* of Dell Conrad Snell born June 28, 1896, (Date of birth) at Viola, Latah County, Idaho, whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said Dell Conrad Snell hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that a physician, whose name she cannot remember, ~~M. D.~~ ~~Midwife~~ was the medical attendant at the birth of said Dell Conrad Snell and that the said medical attendant is unknown to affiant. (Now deceased (or) cannot be located)

Name of Affiant

P. O. Address Cashmere, Washington.

Subscribed and sworn to before me this 26th day of April, 19 39.

Ella C Snell
Notary Public.

Residing at Cashmere, Washington, ~~Idaho.~~

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.



WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

279692

JUN 10 1939

Registration District No. ____ State File No. ____

Prim. Registration District No. ____ Local Registrar's No. ____

1. **PLACE OF BIRTH**
County of Idaho
City of Freedom - Idaho
No. ____ St.
A 851 126 025 296
(If born in hospital or institution give name.)

2. **FULL NAME OF CHILD** George Judd Heap

3. Sex | **If plural births** { 4. Twin, triplet, or other ____ 5. Number, in order of birth ____ | 6. Premature ____ Full term X | 7. Legitimate? X | 8. Date of birth Dec. 26, 1896 (Month, Day, Year)

FATHER

9. Full name George W. Heap
10. Residence (usual place of abode) (If non-resident, give place and State) Freedom - Idaho.
11. Color or race White | 12. Age at last birthday 42 (years)
13. Birthplace (city or place) (State or Country) Cedargrove - Indiana

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer -
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.
16. Date (month and year) last engaged in this work Dec. 26, 1896
17. Total time (years) spent in this work 29

MOTHER

18. Full maiden name Margaret Ann. Brown.
19. Residence (usual place of abode) (If non-resident, give place and State)
20. Color or race White | 21. Age at last birthday 36 (years)
22. Birthplace (city or place) (State or Country) Malta - Bear Lake Co. Utah

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housekeeper.
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.
25. Date (month and year) last engaged in this work Dec. 26, 1896
26. Total time (years) spent in this work 21 yrs.

27. What prophylactic was used to prevent Ophthalmia Neonatorum?
28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 9 (b) Born alive but now dead ____ (c) Stillborn ____
29. If stillborn, period of gestation ____ { months or weeks
30. Cause of Stillbirth ____ { During labor ____ Before labor ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ____ at ____ m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return. Dead.

(Signed) ____, M. D.

or Dead, Midwife

Address ____

Give name added from a supplemental report ____
(Date of)

Filed ____, 193__

Registrar.

JUN 10 1939

Registrar.

STATE OF IDAHO

[redacted]

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Idaho
County of Payette } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Margaret Ann Heap being first duly sworn says that she is the mother (Relationship of child)* of George Judd Heap (Sandpete County) born Dec. 26, 1896 (Date of birth) at ~~Manti, Utah~~ Freedom, Idaho,

whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said George Judd Heap hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that M. D. was the Midwife medical attendant at the birth of said and that the said medical attendant is deceased (Now deceased (or) cannot be located)

Name of Affiant Margaret Ann Heap
P. O. Address Fruitland, Idaho

Subscribed and sworn to before me this 17th day of February, 1939

L. L. Carroll
Notary Public.
Residing at Payette, Idaho.

*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

MAY 16 1960

434-120-232-215

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

282044

RECEIVED
AUG 10 1939

Registration District No. _____ State File No. _____

Prim. Registration District No. _____ Local Registrar's No. _____

1. **PLACE OF BIRTH**
County of Lincoln
City of Shoshone
No. _____ St. _____
(If born in hospital or institution give name.) _____

2. **FULL NAME OF CHILD** Alvin Delno McMahon

3. Sex: male

If plural births: 4. Twin, triplet, or other _____ 5. Number, in order of birth _____

6. Premature _____ Full term X

7. Legitimate? yes

8. Date of birth Aug. 20, 1896 (Month, Day, Year)

FATHER

9. Full name: Alvin I. McMahon

10. Residence (usual place of abode) (If non-resident, give place and State): Shoshone, Idaho

11. Color or race: white | 12. Age at last birthday: 24 (years)

13. Birthplace (city or place) (State or Country): Cookstown, Ontario, Canada

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Store Clerk

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.: _____

16. Date (month and year) last engaged in this work: _____, 19____

17. Total time (years) spent in this work: three

MOTHER

18. Full maiden name: Lily May Saviers

19. Residence (usual place of abode) (If non-resident, give place and State): Idaho

20. Color or race: White | 21. Age at last birthday: 22 (years)

22. Birthplace (city or place) (State or Country): Winchester, Ohio

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: housewife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.: _____

25. Date (month and year) last engaged in this work: _____, 19____

26. Total time (years) spent in this work: _____

27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 0 (b) Born alive but now dead 0 (c) Stillborn 0

29. If stillborn, period of gestation _____ months or weeks

30. Cause of Stillbirth _____ Before labor _____ During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive (Born Alive or Stillborn) at 2 a. m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____ (Date of)

(Signed) Glenn I. McMahon (Glenn I. McMahon) M.D. Father

or _____, Midwife

Address Shoshone, Idaho

Filed AUG 10 1939, 193____

_____ Registrar.

_____ Registrar.

SEE OTHER



STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

RECEIVED
AUG 10 193

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

State of Idaho } ss.
County of Lincoln }

A. I. McMahon being first duly sworn says that

is the father of Alvin Delno McMahon
(Relationship of child)*

born Aug. 20, 1896 at Shoshone, Idaho, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that he desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho**; and affiant further states that the facts contained in the certificate of birth of the said Alvin Delno McMahon

hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Lou V. O'Connor ~~M.D.~~ was the Midwife medical attendant at the birth of said Alvin Delno McMahon and that the said medical attendant is deceased
(Now deceased (or) cannot be located)

Name of Affiant A. I. McMahon

P. O. Address Shoshone, Idaho

Subscribed and sworn to before me this 8th day of August, 19 39

Ross B. Haddock
Notary Public.

Residing at Shoshone, Idaho, Idaho.

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

NOV 6 1959



A653-104-035-243

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

SEP 14 1939

Registration District No. ____ State File No. 283101

Prim. Registration District No. ____ Local Registrar's No. ____

1. PLACE OF BIRTH

County of Nez Perce

City of Near Culdesac

No. ____ St. ____

(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Newton Ray Fels

3. Sex Male | If plural births: 4. Twin, triplet, or other ____ 5. Number, in order of birth ____ | 6. Premature ____ Full term ✓ | 7. Legitimate? yes | 8. Date of birth April 4, 1896 (Month, Day, Year)

FATHER	MOTHER
9. Full name: Frederick Newton Fels	18. Full maiden name: Sophronia Arabelle Butler
10. Residence (usual place of abode) (If non-resident, give place and State): Near Culdesac, Ida	19. Residence (usual place of abode) (If non-resident, give place and State): Near Culdesac Idaho
11. Color or race: white | 12. Age at last birthday: 22 (years)	20. Color or race: white | 21. Age at last birthday: 22 (years)
13. Birthplace (city or place) (State or Country): Near Warrensburg Johnson Co. Mo.	22. Birthplace (city or place) (State or Country): Near Crawfordsville Lynn Co, Oregon
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farmer	OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: housekeeper
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.: own home
16. Date (month and year) last engaged in this work: December, 19 18	25. Date (month and year) last engaged in this work: to date Aug 31 19 39
17. Total time (years) spent in this work before birth of child: 2 years	26. Total time (years) spent in this work: 45

27. What prophylactic was used to prevent Ophthalmia Neonatorum? none

28. Number of children of this mother: one (At time of this birth and including this child) (a) Born alive and now living 1 (b) Born alive but now dead ~~one~~ (c) Stillborn none

29. If stillborn, period of gestation none months or weeks | 30. Cause of Stillbirth nil During labor nil Before labor nil

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ____ at ____ m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

Give name added from a supplemental report ____

(Signed) ____, M. D.

or ____, Midwife

Address ____

(Date of) Filed SEP 14 1939, 193 ____

Registrar. Registrar.

MAR 1 4 2013

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Washington }
County of Asotin } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Sophronia Fels being first duly sworn says that she is the mother of Newton Ray Fels
(Relationship of child)*

born April 4, 1896 at Near Curlew, Idaho, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said Newton Ray Fels hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Della Virginia Barnett ~~M. D.~~ was the Midwife medical attendant at the birth of said Newton Ray Fels and that the said medical attendant is deceased
(Now deceased (or) cannot be located)

Name of Affiant Sophronia Fels

P. O. Address Clarkston, Wash

Subscribed and sworn to before me this 1st day of September, 1939

[signature]
Notary Public.

Residing at Clarkston, Wash., ~~Idaho.~~

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

4349-116-040-731

283114

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

283114

REGISTERED SEP 15 1939

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of Shoshone

City of Gem

No. ..... St.

(If born in hospital or institution give name.)

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Oscar Burch

3. Sex Male

If plural births { 4. Twin, triplet, or other ..... 5. Number, in order of birth .....

6. Premature ..... Full term Yes

7. Legitimate? Yes

8. Date of birth Dec. 16, 1896 (Month, Day, Year)

FATHER

9. Full name John Burch

10. Residence (usual place of abode) (If non-resident, give place and State) Deceased

11. Color or race White | 12. Age at last birthday 34 (years)

13. Birthplace (city or place) (State or Country) Finland

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Miner

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Metal

16. Date (month and year) last engaged in this work ....., 19.....

17. Total time (years) spent in this work .....

MOTHER

18. Full maiden name Bertha Glasberg

19. Residence (usual place of abode) (If non-resident, give place and State) Burke, Idaho

20. Color or race White | 21. Age at last birthday 25 (years)

22. Birthplace (city or place) (State or Country) Finland

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housekeeper

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Own home

25. Date (month and year) last engaged in this work ....., 19.....

26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living..... (b) Born alive but now dead..... (c) Stillborn.....

29. If stillborn, period of gestation ..... { months or weeks

30. Cause of stillbirth ..... { Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... at ..... m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

Give name added from a supplemental report .....

(Date of) .....

Registrar.

(Signed) ....., M. D.

or ....., Midwife

Address .....

Filed ....., 193.... .....

Registrar.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

Province of BRITISH COLUMBIA

State of ~~~~ } ss.
County of KOOTENAY.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Mrs Bertha Burch being first duly sworn says that she is the Mother (Relationship of child)* of Oscar Burch born December 16th 1896 (Date of birth) at Gem, Idaho, whose certificate of birth is hereto attached, and that Oscar Burch desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said Oscar Burch hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that M. D. was the Midwife medical attendant at the birth of said and that the said medical attendant is (N[redacted] (or) cannot be located)

Name of Affiant Mrs. Bertha Burch

P. O. Address Nanyee

Subscribed and sworn to before me this 1st day of September 19 39

Notary Public.

Residing at KIMBERLEY, B.C. CANADA, Idaho.

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

689-206029-789

284178

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of Latah

City of Moscow

No. ..... St.

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

SEP 26 1939

CERTIFICATE OF BIRTH

Registration District No. ..... State File No. 284178

Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Buena Fern Whitson

3. Sex: Female

If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth .....

6. Premature ..... Full term X

7. Legitimate? X

8. Date of birth June 6, 1896 (Month, Day, 193...)

FATHER

9. Full name William Nelson Whitson

10. Residence (usual place of abode) (If non-resident, give place and State) .....

11. Color or race White 12. Age at last birthday 34 (years)

13. Birthplace (city or place) Fairfield (State or Country) Iowa

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. laborer

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. .....

16. Date (month and year) last engaged in this work ....., 19...

17. Total time (years) spent in this work .....

MOTHER

18. Full maiden name Nora Marie Phillips

19. Residence (usual place of abode) (If non-resident, give place and State) .....

20. Color or race White 21. Age at last birthday 26 (years)

22. Birthplace (city or place) Elk Point, S.D. (State or Country) .....

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. housewife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. .....

25. Date (month and year) last engaged in this work ....., 19...

26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother 4 (At time of this birth and including this child)
(a) Born alive and now living ..... (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... months or weeks

30. Cause of stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive (Born Alive or Stillborn) at ..... m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report .....

(Date of) .....

Registrar.

(Signed) (deceased), M. D.

or Nora (Whitson) Odenwies, Midwife

Address Marysville, Washington.

Filed SEP 26 1939, 193...

Registrar.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of WASHINGTON }
County of SNOHOMISH } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Nora (Whitson) Odenius being first duly sworn says that she is the mother (Relationship of child)* of Buena Fern Whitson born June 6, 1896 (Date of birth) at Moscow, Idaho, whose certificate of birth is hereto attached, and that desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said Buena Fern Whitson hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Dr. Gritman M. D. was the Midwife medical attendant at the birth of said Buena Fern Whitson and that the said medical attendant is deceased (Now deceased ~~(or) cannot be located~~)

Name of Affiant Nora (Whitson) Odenius

P. O. Address Marysville, Washington.

Subscribed and sworn to before me this 25th day of September, 1939

W. S. Myers
Notary Public.

Residing at Marysville, Wash., ~~Idaho~~.

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

A395-114044 465

284 183

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

SEP 28 1939

CERTIFICATE OF BIRTH

Registration District No. _____ State File No. 284183

Prim. Registration District No. _____ Local Registrar's No. _____

1. PLACE OF BIRTH
County of Washington
City of Indian Valley
No. _____ St. _____
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Calvin Burton Lindsay

3. Sex Male

If plural births { 4. Twin, triplet, or other _____ 5. Number, in order of birth _____

6. Premature _____ Full term X

7. Legitimate? Yes

8. Date of birth June 14, ~~19~~ 1896 (Month, Day, Year)

FATHER

9. Full name Charles Burton Lindsay

10. Residence (usual place of abode) (If non-resident, give place and State) Indian Valley Ida.

11. Color or race White | 12. Age at last birthday 33 (years)

13. Birthplace (city or place) (State or Country) Sonoma County Calif.

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer & Carpenter

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Farm

16. Date (month and year) last engaged in this work June 14, ~~19~~ 1936

17. Total time (years) spent in this work 13 yrs

MOTHER

18. Full maiden name Marian Montrose

19. Residence (usual place of abode) (If non-resident, give place and State) Indian Valley Ida.

20. Color or race White | 21. Age at last birthday 31 (years)

22. Birthplace (city or place) (State or Country) Chicago Ill.

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Own Home

25. Date (month and year) last engaged in this work June 14, ~~19~~ 1896

26. Total time (years) spent in this work 10 yrs

27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____

28. Number of children of this mother Fourth (At time of this birth and including this child) (a) Born alive and now living 3 (b) Born alive but now dead _____ (c) Stillborn 1

29. If stillborn, period of gestation _____ { months or weeks

30. Cause of stillbirth _____ { Before labor _____ During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ at _____ m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

(Signed) _____, M. D.

or _____, Midwife

Address _____

Give name added from a supplemental report _____

(Date of) _____

Filed SEP 28 1939, 193... _____

Registrar. _____ Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Washington }
County of Whatcom } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Marian Montrose Lindsay being first duly sworn says that she is the Mother of Calvin Benton Lindsay.
(Relationship of child)*

born June 14 — 1896 at Indian Valley., Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said Calvin Benton Lindsay hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Mrs. Emma Wilkerson ~~M. D.~~ Midwife was the medical attendant at the birth of said Calvin Benton Lindsay and that the said medical attendant is
(Now deceased (or) cannot be located)

Name of Affiant Marian Montrose Lindsay

P. O. Address 714 — 12th St. Bellingham.

Subscribed and sworn to before me this 25th day of September, 1939

John Templin Jr
Notary Public.

Residing at Bellingham, ~~Idaho~~ Wash.

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

A793-2140012493

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N.B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

284270

RECEIVED OCT 17 1939

Registration District No. ____ State File No. ____

Prim. Registration District No. ____ Local Registrar's No. ____

1. PLACE OF BIRTH
County of ADA
City of BOISE
No. 1718 N. 13 St.
Home
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD VIOLA BERNIECE MAE GILMAN

3. Sex FEM. | If plural births: 4. Twin, triplet, or other ____ 5. Number, in order of birth ____ | 6. Premature ____ Full term X | 7. Legitimate? Yes | 8. Date of birth July 14, 1896 (Month, Day, Year)

FATHER	MOTHER
9. Full name: WILLIAM ALBERT GILMAN	18. Full maiden name: SARAH ELLA MILLER
10. Residence (usual place of abode) (If non-resident, give place and State): Boise, Ida.	19. Residence (usual place of abode) (If non-resident, give place and State): Boise, Ida.
11. Color or race: Cau. | 12. Age at last birthday: 28 (years)	20. Color or race: Cau. | 21. Age at last birthday: 34 (years)
13. Birthplace (city or place) (State or Country): Boulder, Colo.	22. Birthplace (city or place) (State or Country): Kenosha, Wis.
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Stockman	OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.: Range in Idaho	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.: own home
16. Date (month and year) last engaged in this work ____, 19____	17. Total time (years) spent in this work ____
25. Date (month and year) last engaged in this work ____, 19____	26. Total time (years) spent in this work ____

27. What prophylactic was used to prevent Ophthalmia Neonatorum? ____

28. Number of children of this mother: 3 (At time of this birth and including this child) (a) Born alive and now living 2 (b) Born alive but now dead 1 (c) Stillborn ____

29. If stillborn, period of gestation ____ { months or weeks | 30. Cause of Stillbirth ____ { During labor ____ Before labor ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive (Born Alive or Stillborn) at 2a. m. on the date above stated.

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

Give name added from a supplemental report ____ (Date of) ____

(Signed) Dr. Bowers, deceased, M. D.
or Mrs. Buffington, deceased, Midwife
Address Boise, Ida.

Filed OCT 17 1939, 193____

Registrar. Registrar.

AUG 21 1963

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Idaho }
County of Ada } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Sarah E. Miller Gilman being first duly sworn says that

Viola Gilman the daughter (Relationship of child)* of Sarah E. and William A. Gilman

born July 14, 1896 (Date of birth) at Boise, Idaho,

whose certificate of birth is hereto attached, and that Sarah E. Gilman desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said Viola Berniece Mae Gilman

hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Dr. Bowers and Mrs. Buffington M. D. was the Midwife medical attendant at the birth of said Viola Berniece Mae Gilman and that the said medical attendant is now deceased

(Now deceased (or) cannot be located)

Name of Affiant Sarah E. Gilman

P. O. Address 1718 N. 13 St. Boise, Ida.

Subscribed and sworn to before me this 17th day of October, 19 39

M. R. Hart

Notary Public

Comm Exp. aug 2. 1941.

Residing at Boise Idaho, Idaho.

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

AUG [illegible] 1963

JUL 29 1949

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH 168-101
County of Bingham 006-769
City of Blackfoot
No. Route #1 St.
Idaho
(If born in hospital or institution give name.)

NOV 7 1939

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 121 State File No. 285415
Prim. Registration District No. 2194 Local Registrar's No.

2. FULL NAME OF CHILD Leslie Johnston

3. Sex	If plural births: 4. Twin, triplet, or other / 5. Number, in order of birth	6. Premature / Full term	7. Legitimate?	8. Date of birth (Month, Day, Year)
Male		Full term yes	yes	MAY 1, 1896 ~~193~~

FATHER

9. Full name James G. Johnston
10. Residence (usual place of abode) (If non-resident, give place and State) Blackfoot, Ida. Rt.
11. Color or race White | 12. Age at last birthday ~~41~~ 42 (years)
13. Birthplace (city or place) (State or Country) Scotland

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Own Farm
16. Date (month and year) last engaged in this work Present, 1939
17. Total time (years) spent in this work 50

MOTHER

18. Full maiden name Lillian Porter
19. Residence (usual place of abode) (If non-resident, give place and State) ~~Deceased~~
20. Color or race White | 21. Age at last birthday (years)
22. Birthplace (city or place) (State or Country) Penn

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.
25. Date (month and year) last engaged in this work , 19
26. Total time (years) spent in this work

27. What prophylactic was used to prevent Ophthalmia Neonatorum?
28. Number of children of this mother 2 (At time of this birth and including this child) (a) Born alive and now living 1 (b) Born alive but now dead 1 (c) Stillborn 0
29. If stillborn, period of gestation { months or weeks
30. Cause of Stillbirth { During labor / Before labor

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born Alive at m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report
(Date of)

(Signed) , M. D.
or Gaisback Plant, Midwife
Address Blackfoot, Idaho

Filed , 193 Mae G. Atwood Registrar.
Registrar.

NOV 7 1939

State

DELAYED

A253 231 044 389

285472

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

NOV 17 1939

Registration District No. ____ State File No. 285472

Prim. Registration District No. ____ Local Registrar's No. ____

1. PLACE OF BIRTH
County of Washington
City of Weiser, Idaho
No. ____ St.
Born in home
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Muriel Emma Beckwith

3. Sex

If plural births: 4. Twin, triplet, or other V; 5. Number, in order of birth 7th

6. Premature no; Full term yes

7. Legitimate? Yes

8. Date of birth Oct. 31, 1896 (Month, Day, Year)

FATHER

9. Full name Mortimer Edward Beckwith

10. Residence (usual place of abode) (If non-resident, give place and State) Weiser, Idaho

11. Color or race White | 12. Age at last birthday 39 (years)

13. Birthplace (city or place) (State or Country) Eureka, Humbolt Co., California

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Miner and rancher

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Columbia Mine

16. Date (month and year) last engaged in this work Dec. 15, 1929

17. Total time (years) spent in this work 50 yrs.

MOTHER

18. Full maiden name Nancy George Thrasher

19. Residence (usual place of abode) (If non-resident, give place and State) Weiser Idaho

20. Color or race White | 21. Age at last birthday 37 (years)

22. Birthplace (city or place) (State or Country) Shelbina, Shelby Co. Missouri

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. housekeeper

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. own home

25. Date (month and year) last engaged in this work July 21, 1939

26. Total time (years) spent in this work 59 yrs.

27. What prophylactic was used to prevent Ophthalmia Neonatorum? None used

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 4 (b) Born alive but now dead 3 (c) Stillborn none

29. If stillborn, period of gestation V months or weeks

30. Cause of stillbirth V Before labor V During labor

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive at One P.M. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report ____
(Date of)

(Signed) ____, M. D.

or ____, Midwife

Address ____

Filed NOV 17 1939

Registrar.

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

DELAYED

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Oregon }
County of Umatilla } ss.

AFFIDAVIT

(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Nancy George Beckwith being first duly sworn says that she is the mother (Relationship of child)* of Muriel Emma Beckwith Frayler born Oct 31, 1896 (Date of birth) at Weiser, Idaho, whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said Muriel Emma Beckwith hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that no doctor present M. D. was the Midwife medical attendant at the birth of said Muriel Emma Beckwith Frayler and that the said medical attendant is was none. (Now deceased (or) cannot be located)

Name of Affiant Nancy George Beckwith

P. O. Address Pendleton, Ore. 637 Johnson

Subscribed and sworn to before me this 21 day of July, 19 39

My commission expires July 29, 1940

L. D. Terry for Oregon Notary Public.

Residing at Pendleton, Oregon, ~~Idaho.~~

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.



WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH 1815-218 029-631

County of Latah, near

City of Genesee, Idaho

No. ____ St. in country,

(If born in hospital or institution give name.)

STATE OF IDAHO 286572
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
DEC 10 1939
CERTIFICATE OF BIRTH 286572

Registration District No. ____ State File No. ____

Prim. Registration District No. ____ Local Registrar's No. ____

2. FULL NAME OF CHILD Nora Ingelia Hanson

3. Sex	If plural births: 4. Twin, triplet, or other; 5. Number, in order of birth	6. Premature; Full term	7. Legitimate?	8. Date of birth (Month, Day, Year)
Female				12/18/1896

FATHER	MOTHER
9. Full name: Henry Hanson	18. Full maiden name: Bell Flamoe
10. Residence (usual place of abode) (If non-resident, give place and State): Genesee, Idaho	19. Residence (usual place of abode) (If non-resident, give place and State): Genesee, Idaho
11. Color or race: W. | 12. Age at last birthday: 33 (years)	20. Color or race: W. | 21. Age at last birthday: 28 (years)
13. Birthplace (city or place) (State or Country): Winchester, Wisconsin U.S.A.	22. Birthplace (city or place) (State or Country): Meraker, Norway
OCCUPATION	OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farmer	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: house keeper
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.: own farm	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.: own home
16. Date (month and year) last engaged in this work: only kind of work engaged in. | 17. Total time (years) spent in this work: 20 yrs	25. Date (month and year) last engaged in this work: all her life 19__ | 26. Total time (years) spent in this work: 20 yrs

27. What prophylactic was used to prevent Ophthalmia Neonatorum? none

28. Number of children of this mother 4 (At time of this birth and including this child) (a) Born alive and now living 3 (b) Born alive but now dead 1 (c) Stillborn none

29. If stillborn, period of gestation ____ months or weeks

30. Cause of Stillbirth ____ Before labor ____ During labor ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ____ at ____ m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) ____, M. D.

or ____, Midwife

Address ____

Give name added from a supplemental report ____ (Date of)

Filed ____, 193__

Registrar. Registrar.

DEC 18 1939

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Idaho
County of Latah } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Bell Hanson being first duly sworn says that she is the mother (Relationship of child)* of Nora Ingelia Hanson, (Kramer) born Dec. 18, 1896 (Date of birth) at farm, near Genesee, Idaho, whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said Nora Ingelia Hanson hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that a Dr. Harvey M. D. was the Midwife medical attendant at the birth of said Nora Ingelia Hanson and that the said medical attendant is deceased
(Now deceased (or) cannot be located)

Name of Affiant Mrs Bell Hanson

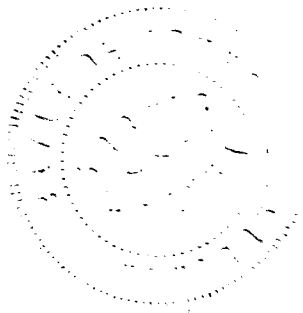
P. O. Address Genesee, Idaho.

Subscribed and sworn to before me this 14th day of December 1939

W. O. Burs
Notary Public.

Residing at Genesee, Idaho Idaho.

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.



A842203-032-396

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

NOV 28 1939

CERTIFICATE OF BIRTH

Registration District No. 430 State File No. 286617

Prim. Registration District No. ____ Local Registrar's No. 319

1. PLACE OF BIRTH
County of Lincoln
City of Shoshone
No. ____ St.
Home
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Eva Eugenia Hubbard

3. Sex F. | If plural births: 4. Twin, triplet, or other ____ 5. Number, in order of birth ____ | 6. Premature ____ Full term yes | 7. Legitimate? yes | 8. Date of birth Feb. 3 1896 (Month, Day, Year)

FATHER

9. Full name Edward Eugene Hubbard
10. Residence (usual place of abode) (If non-resident, give place and State) Shoshone Ida
11. Color or race W | 12. Age at last birthday 29 (years)
13. Birthplace (city or place) Des Moines (State or Country) Iowa

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Railroader
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. U. P.
16. Date (month and year) last engaged in this work Feb. 1896, 19
17. Total time (years) spent in this work —

MOTHER

18. Full maiden name Eva Helena Crossall Hubbard
19. Residence (usual place of abode) (If non-resident, give place and State) Shoshone Ida
20. Color or race W | 21. Age at last birthday 30 (years)
22. Birthplace (city or place) Provo (State or Country) Utah

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. none
25. Date (month and year) last engaged in this work Feb. 1896
26. Total time (years) spent in this work 15

27. What prophylactic was used to prevent Ophthalmia Neonatorum? ____

28. Number of children of this mother 5 (At time of this birth and including this child)
(a) Born alive and now living 5 (b) Born alive but now dead 0 (c) Stillborn 0

29. If stillborn, period of gestation ____ months or weeks

30. Cause of Stillbirth ____ During labor ____ Before labor ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at ____ m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report ____

(Date of) ____

Registrar.

(Signed) ____, M. D.

or ____, Midwife

Address ____

Filed Nov 25, 1939 Myrtle C. Burdett
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

RECEIVED
NOV 28 1939

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

AFFIDAVIT

(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

State of Idaho
County of Lincoln } ss.

Eva Helena (Croxall) Hubbard being first duly sworn says that she is the mother (Relationship of child)* of Eva Eugenia Hubbard born February - 3 - 1896 (Date of birth) at Shoshone -, Idaho, whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said Eva Eugenia Hubbard hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that M. D. was the Midwife medical attendant at the birth of said Eva Eugenia Hubbard and that the said medical attendant is deceased (Now deceased (or) cannot be located)

Name of Affiant Eva Helena Croxall Hubbard

P. O. Address Shoshone Idaho

Subscribed and sworn to before me this 18th day of November, 1939

A. V. Hansen
Notary Public.

Residing at Shoshone, Idaho.

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

384-208-003-914

WRITE PLAINLY WITH NON-FADING INK—DO NOT USE A PENCIL—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of Bannock

City of Pocatello

No. 455 South Arthur St.

Pocatello, Idaho

(If born in hospital or institution give name.)

RECEIVED DEC 26 1939

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 287587

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Mabel Minnerva Church [redacted]

3. Sex	If plural births: 4. Twin, triplet, or other / 5. Number, in order of birth	6. Premature / Full term	7. Legitimate?	8. Date of birth
female				March 8, 1896 (Month, Day, Year)

FATHER	MOTHER
9. Full name: Daniel W. Church	18. Full maiden name: Chloe Lydia Ramsey
10. Residence (usual place of abode) (If non-resident, give place and State): Pocatello, Idaho	19. Residence (usual place of abode) (If non-resident, give place and State): Pocatello, Ida
11. Color or race: white 12. Age at last birthday: 37 (years)	20. Color or race: White 21. Age at last birthday: 27 (years)
13. Birthplace (city or place) (State or Country): Mankato, Minnesota	22. Birthplace (city or place) (State or Country): Erie, Pennsylvania
OCCUPATION	OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.: Real Estate	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.: hosekeeper
16. Date (month and year) last engaged in this work: May 1, 1908	25. Date (month and year) last engaged in this work: ....., 19....
17. Total time (years) spent in this work: 12	26. Total time (years) spent in this work:

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 1 (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... months or weeks

30. Cause of stillbirth ..... Before labor / During labor

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... (Born Alive or Stillborn) at ..... m. on the date above stated.

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

(Signed) Chloe Lydia Church, Mother

or ....., Midwife

Address 429 North Garfield Pocatello

Give name added from a supplemental report .....

(Date of) .....

Registrar.

Filed DEC 26 1939, 193.....

Registrar.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Idaho
County of Bannock } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Chloe Lydia Church being first duly sworn says that she is the mother (Relationship of child)* of Mabel Minnerva Church Pilchard born March 8, 1896 (Date of birth) at Pocatello, Idaho, whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said Mabel Minnerva Church [redacted] hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Dr. O. B. Steeley M. D. was the medical attendant at the birth of said Mabel Minnerva Church [redacted] and that the said medical attendant is Deceased (Now deceased (or) cannot be located)

Name of Affiant Chloe Lydia Church

P. O. Address Pocatello, Idaho

Subscribed and sworn to before me this 23d day of December, 19 39

Earle C. White
Notary Public.

Residing at Pocatello, Idaho, Idaho.

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

JAN

A 533.10½.019-168

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

287605

JAN 5 - 1940

Registration District No. ____ State File No. ____

Prim. Registration District No. ____ Local Registrar's No. ____

1. PLACE OF BIRTH

County of Custer

City of Ellis, Ida

No. ____ St. ____

(If born in hospital or institution give name.)

2. FULL NAME OF CHILD George Amos Ellis

3. Sex Male

If plural births 4. Twin, triplet, or other ____ 5. Number, in order of birth ____

6. Premature Full term Yes

7. Legitimate? Yes

8. Date of birth July 3, 1896 (Month, Day, Year)

FATHER

9. Full name George Amos Ellis

10. Residence (usual place of abode) (If non-resident, give place and State) Ellis, Ida

11. Color or race White | **12. Age at last birthday** 36 (years)

13. Birthplace (city or place) (State or Country) Dubuque Iowa

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Farmer & Stockraiser

16. Date (month and year) last engaged in this work June 2, 1940

17. Total time (years) spent in this work 73

MOTHER

18. Full maiden name Mary Helen Johnson

19. Residence (usual place of abode) (If non-resident, give place and State) Ellis, Idaho.

20. Color or race White | **21. Age at last birthday** 31 (years)

22. Birthplace (city or place) (State or Country) Stockton Utah

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. housekeeper

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. home

25. Date (month and year) last engaged in this work Jan 2, 1940

26. Total time (years) spent in this work 53

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Do not know

28. Number of children of this mother 5 (At time of this birth and including this child)
(a) Born alive and now living Yes (b) Born alive but now dead ____ (c) Stillborn ____

29. If stillborn, period of gestation ____ months or weeks

30. Cause of stillbirth Before labor ____ During labor ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ____ at ____ m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) ____, M. D.

or ____, Midwife

Address ____

Give name added from a supplemental report ____
(Date of)

Filed Jan 5, 1940

Registrar. ____ Registrar.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

State of Idaho
County of Custer } ss.

George Amos Ellis being first duly sworn says that he is the father (Relationship of child)* of George Amos Ellis born July 3, 1896 (Date of birth) at Ellis, Idaho, whose certificate of birth is hereto attached, and that he desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho**; and affiant further states that the facts contained in the certificate of birth of the said George Amos Ellis hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Mrs. Jennie Dodge ~~M. D.~~ was the Midwife medical attendant at the birth of said George Amos Ellis and that the said medical attendant is Deceased
(Now deceased (or) cannot be located)

Name of Affiant George Amos Ellis
P. O. Address Challis, Ida.

Subscribed and sworn to before me this 1st day of January, 19 40

John Boyd
Custer Co. Recorder ~~Notary Public.~~
Residing at Challis Ida., Idaho.

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N.B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

288852

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
FEB 9 1940

CERTIFICATE OF BIRTH

Registration District No. ..... State File No. 288852

Prim. Registration District No. ..... Local Registrar's No. .....

1. PLACE OF BIRTH
County of Jefferson
City of Village of RUDY, Idaho.
No. 659 21 0026 366 St.
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Nelle Elizabeth Weitfle

3. Sex: Female

If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth .....

6. Premature ..... Full term yes

7. Legitimate? yes

8. Date of birth Oct. 10th, 1896 (Month, Day, Year)

FATHER

9. Full name: Charles D. Weitfle

10. Residence (usual place of abode) (If non-resident, give place and State): Rudy, Ida.

11. Color or race: white | 12. Age at last birthday: 28 (years)

13. Birthplace (city or place) (State or Country): New Jersey

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farmer

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.: Farming for self

16. Date (month and year) last engaged in this work ....., 19.....

17. Total time (years) spent in this work .....

MOTHER

18. Full maiden name: Margaret Letitia Lowder

19. Residence (usual place of abode) (If non-resident, give place and State): Rudy, Idaho

20. Color or race: white | 21. Age at last birthday: 23 (years)

22. Birthplace (city or place) (State or Country): Burks Garden, Taswell Co. Virginia

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: House wife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.: Own Home

25. Date (month and year) last engaged in this work ....., 19.....

26. Total time (years) spent in this work: Two (2)

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living: ONE (b) Born alive but now dead: ## (c) Stillborn: ##

29. If stillborn, period of gestation ..... months or weeks

30. Cause of Stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive (Born Alive or Stillborn) at ..... m. on the date above stated.

(Signed) Margaret L. Landon (mother), M. D.

or Formally Margaret L. Weitfle, Midwife

Address 431 Cliff St. Idaho Falls, Idaho

Filed Feb., 1940

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report ..... (Date of)

Registrar.

Registrar.



STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

RECEIVED FEB 3 1940

State of Idaho
County of Bonneville } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Mrs. Margaret L. Landon, (formally Margaret L. Weitfle) being first duly sworn says that she is the mother (Relationship of child)* of Nelle Elizabeth Weitfle, now Mrs. L. Howard Durley. born October 10th 1896 (Date of birth) at Rudy----------, Idaho,

whose certificate of birth is hereto attached, and that She desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said Nelle Elizabeth Weitfle hereto attached are true and correct as stated therein, and that this birth has not been previously recorded.

Affiant further states that M. D. was the Midwife medical attendant at the birth of said Nelle Elizabeth Weitfle and that the said medical attendant is (Now deceased (or) cannot be located)

Name of Affiant Margaret L Landon

P. O. Address 431 Cliff St. Idaho Falls, Idaho

Subscribed and sworn to before me this 2nd day of February, 1940

Jewell N Chaney
Notary Public.
Residing at Idaho Falls, Idaho. My Commission expires June 10, 1941

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

NOV 1 0 1958

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Bingham

City of Lava

No. Nr — St.

Home

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

291000

Registration District No. ..... State File No. .....

MAR 29 1940

Prim. Registration District No. ..... Local Registrar's No. .....

FULL NAME OF CHILD HARRY HIGGINS

(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) June (Day) 1, (Year) 1896
Male					

What prophylactic was used to prevent Ophthalmia Neonatorum? .....

Number of child of this mother, including present birth 3rd (a) Born alive and now living Alive

Born alive but now dead ..... Stillborn .....

FATHER	MOTHER
FULL NAME Michael Higgins	FULL MAIDEN NAME Rose Higgins
Residence (Usual place of abode) Deceased	Residence (Usual place of abode) Deceased
If non-resident, give place and State	If non-resident, give place and State .....
Color or race White, Age at last birthday 36 (Years)	Color or race White, Age at last birthday 27 (Years)
Birthplace Ireland (City and State or County)	Birthplace Ireland (City and State or County)
Occupation Rail Road track foreman	Occupation House wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was { Born alive / ~~Stillborn~~ } at ..... M. on the date above stated.

(Signature) Compton Carver

Elder Dr. Osteo

(Physician or midwife)

Address 444 Fairview Apts. Ogden Utah

Filed Mar. 1940

Registrar.

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

MAR 29 1940

AFFIDAVIT FOR PROOF OF AGE

STATE OF UTAH, (ss.
WEBER COUNTY, CITY OF OGDEN (

Anna Carver, being duly sworn, alleges and says:
That she is an elder sister of Harry Higgins.
That she is the eldest living member of his family.
That to the best of her knowledge and the information given by her parents , Harry Higgins was born June First, 1896, at Lava, Bingham County, Idaho.

Anna Carver

Sworn before me, this ~~twenty~~ third day of March , A. D. 1940

Notary Public

RECEIVED
MAR 25 1940

A295-109.029-396

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of Latah

City of Kendrick

No. ..... St.

(If born in hospital or institution give name.)

APR 15 1940

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

291049

CERTIFICATE OF BIRTH

Registration District No. 201 State File No. 291049

Prim. Registration District No. ..... Local Registrar's No. 1081

2. FULL NAME OF CHILD Eugene Arthur Breyman

3. Sex	If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth	6. Premature ..... Full term	7. Legitimate? Yes	8. Date of birth Jan. 9, 1896 (Month, Day, Year)
Male				

FATHER	MOTHER
9. Full name: Frederick Breyman	18. Full maiden name: Mary Alice Crow
10. Residence (usual place of abode) (If non-resident, give place and State): Kendrick, Idaho	19. Residence (usual place of abode) (If non-resident, give place and State): Kendrick, Idaho
11. Color or race: white | 12. Age at last birthday: 25 (years)	20. Color or race: white | 21. Age at last birthday: 25 (years)
13. Birthplace (city or place) (State or Country): Michigan	22. Birthplace (city or place) (State or Country): Jacksonville, Alabama
OCCUPATION	OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Banker	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: Housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.: bank	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.: Own home.
16. Date (month and year) last engaged in this work: 1902, 19	17. Total time (years) spent in this work: 10
25. Date (month and year) last engaged in this work: January, 1896	26. Total time (years) spent in this work: 3

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Unknown

28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living: One (b) Born alive but now dead: None (c) Stillborn: None

29. If stillborn, period of gestation ..... months or weeks

30. Cause of Stillbirth ..... During labor ..... Before labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... at ..... m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

Give name added from a supplemental report .....
(Date of)

(Signed) Dr. Wollenberg (cannot be located -), M. D.

or ....., Midwife

Address .....

Filed 4-12, 1940 Mary Eichorn

Registrar.

Registrar.

291049

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

APR 19 1940

AFFIDAVIT

(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

State of California } ss.
County of San Francisco }

Fred Breyman being first duly sworn says that he is the Father (Relationship of child)* of Eugene Arthur Breyman born January 9, 1896 (Date of birth) at Kendrick, Idaho, whose certificate of birth is hereto attached, and that he desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said Eugene Arthur Breyman hereto attached are true and correct as stated therein, and that this birth has not been previously recorded.

Affiant further states that Dr. Wollenberg M. D. was the ~~Midwife~~ medical attendant at the birth of said Eugene Arthur Breyman and that the said medical attendant ~~is~~ cannot be located.
(Now deceased (or) cannot be located)

Name of Affiant Fred Breyman

P. O. Address San Francisco, California.

Subscribed and sworn to before me this 9th day of April, 1940

Notary Public.

My Commission Expires Aug. 12, 1942

Residing at In and for the City and County of San Francisco, ~~Idaho~~ State of California

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

719-218-01A-256

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Canyon
City of Emmett
No. ..... St.
(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
RECEIVED APR 15 1940

CERTIFICATE OF BIRTH 291132

Registration District No. ..... State File No. .....
Prim. Registration District No. ..... Local Registrar's No. .....

2. **FULL NAME OF CHILD** Rosella Frances Parrish

3. Sex Female
If plural births { 4. Twin, triplet, or other ..... 5. Number, in order of birth 5
6. Premature ..... Full term ✓
7. Legitimate? ✓
8. Date of birth Sept 18 1896 (Month, Day, Year)

FATHER
9. Full name William Wilbur Parrish
10. Residence (usual place of abode) (If non-resident, give place and State) Emmett
11. Color or race White | 12. Age at last birthday 38 (years)
13. Birthplace (city or place) (State or Country) Centerville New York

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Sawyer & Farmer
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Sawmill & farming
16. Date (month and year) last engaged in this work ....., 19.....
17. Total time (years) spent in this work 5 years

MOTHER
18. Full maiden name Edna Frances Knox
19. Residence (usual place of abode) (If non-resident, give place and State) Emmett Idaho
20. Color or race White | 21. Age at last birthday 28 (years)
22. Birthplace (city or place) (State or Country) Dry Creek Ada Co. Idaho

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Home maker
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Own home
25. Date (month and year) last engaged in this work ....., 19.....
26. Total time (years) spent in this work 8 years

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Boric Acid

28. Number of children of this mother 5 (At time of this birth and including this child)
(a) Born alive and now living ✓ (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... { months or weeks
30. Cause of stillbirth ..... { Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... (Born Alive or Stillborn) at ..... m. on the date above stated.

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

(Signed) Edna F. Parrish (mother) M. D.
or Mrs. J. V. R. Witt (deceased), Midwife
Address .....

Give name added from a supplemental report .....

(Date of) Filed April, 1940

Registrar. Registrar.

291132

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Idaho
County of Ada } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Ella F. Parrish being first duly sworn says that she is the mother (Relationship of child)* of Rosella Frances Parrish born Sept 18 – 1896 (Date of birth) at Emmett, Idaho, whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said Rosella Frances Parrish hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Mrs. J. V. R. Witt, ~~M. D.~~ Midwife was the medical attendant at the birth of said Rosella Frances Parrish and that the said medical attendant is now deceased (Now deceased (or) cannot be located)

Name of Affiant Ella F. Parrish

P. O. Address Emmett Idaho

Subscribed and sworn to before me this 12th day of April, 1940

Notary Public.

Residing at Emmett, Idaho.

*** If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.**

DEC 27 1965

292268

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N.B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of Shoshone

City of Gem

No. 395-709 640 413 St.

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

292268

Registration District No. ____ State File No. ____

Prim. Registration District No. 140 Local Registrar's No. 87

2. FULL NAME OF CHILD Albert Howard Linn

3. Sex	If plural births	6. Premature	7. Legitimate?	8. Date of birth
M	4. Twin, triplet, or other ____ 5. Number, in order of birth ____	Full term Yes	Yes	Nov 9-1896 193 (Month, Day, Year)

FATHER	MOTHER
9. Full name: Ole H Linn	18. Full maiden name: Anna K Mattson
10. Residence (usual place of abode) (If non-resident, give place and State): Wallace	19. Residence (usual place of abode) (If non-resident, give place and State): Wallace
11. Color or race: W | 12. Age at last birthday: 26 (years)	20. Color or race: W | 21. Age at last birthday: 26 (years)
13. Birthplace (city or place) (State or Country): Sweeden	22. Birthplace (city or place) (State or Country): Sweeden
OCCUPATION	OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Miner	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: H.W.
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.:	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.:
16. Date (month and year) last engaged in this work ____, 19____ | 17. Total time (years) spent in this work: 6	25. Date (month and year) last engaged in this work ____, 19____ | 26. Total time (years) spent in this work: 3

27. What prophylactic was used to prevent Ophthalmia Neonatorum?

28. Number of children of this mother (At time of this birth and including this child) 2 (a) Born alive and now living 2. (b) Born alive but now dead ____ (c) Stillborn ____

29. If stillborn, period of gestation ____ { months or weeks } \| 30. Cause of stillbirth ____ { Before labor ____ During labor ____ }

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ____ at 4 A m. on the date above stated.
(Born Alive or ~~Still Born~~)

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

Give name added from a supplemental report ____

(Date of) ____

Registrar.

(Signed) ____, M. D.

or Miss Florence Mogstad, Midwife

Address ____

Filed May 7, 1896 John Rowe

Registrar.

292268

STATE OF IDAHO
BARZILLA W. CLARK, GOVERNOR

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

AFFIDAVIT

(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

State of Idaho
County of Shoshone } ss.

I A. Linn, He is the Uncle of Albert A. Linn being first duly sworn says that

(Relationship of child)*

born Nov - 9 - 1896 at Gem, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that He desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said Albert A. Linn

hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Miss Charlotte Mogstad ~~M. D.~~ was the Midwife medical attendant at the birth of said Albert A. Linn and that the said medical attendant is deceased
(Now deceased (or) cannot be located)

Name of Affiant [redacted] A. Linn

P. O. Address [redacted] Wallace Idho

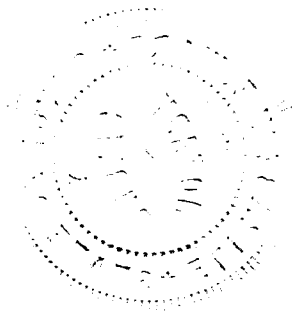
Subscribed and sworn to before me this 6 day of May, 1940

Elizabeth E. Hazel
Notary Public.

Residing at Wallace Idho, Idaho.

*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.





WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

683-708 040-438

1. PLACE OF BIRTH
County of Shoshone
City of Murray.
No. ____ St.
(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
MAY 31 1940

CERTIFICATE OF BIRTH

293456

Registration District No. ____ State File No. ____
Prim. Registration District No. 140 Local Registrar's No. 103.

2. FULL NAME OF CHILD John Robert Wylie.

3. Sex	If plural births	6. Premature	7. Legitimate?	8. Date of birth (Month, Day, Year)
Male	4. Twin, triplet, or other ____ 5. Number, in order of birth ____	Full term yes	yes	May 8 1896

FATHER	MOTHER
9. Full name William Wylie.	18. Full maiden name Mary Kate McHale.
10. Residence (usual place of abode) (If non-resident, give place and State) Murray.	19. Residence (usual place of abode) (If non-resident, give place and State) Murray.
11. Color or race W	12. Age at last birthday 22 (years)
20. Color or race W	21. Age at last birthday 20 (years)
13. Birthplace (city or place) (State or Country) Canada	22. Birthplace (city or place) (State or Country) Ireland.
OCCUPATION	OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Miner.	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. ____
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. ____	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. ____
16. Date (month and year) last engaged in this work ____, 19____	17. Total time (years) spent in this work 5 yrs.
25. Date (month and year) last engaged in this work ____, 19____	26. Total time (years) spent in this work ____

27. What prophylactic was used to prevent Ophthalmia Neonatorum? ____

28. Number of children of this mother 2 (At time of this birth and including this child)
(a) Born alive and now living 1 (b) Born alive but now dead 1 (c) Stillborn ____

29. If stillborn, period of gestation ____ months or weeks
30. Cause of stillbirth ____ Before labor ____ During labor ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE 2 20 P

I hereby certify that I attended the birth of this child, who was ____ at ____ m. on the date above stated.
(Born Alive or ~~Stillborn~~)

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

Give name added from a supplemental report ____
(Date of)
____
Registrar.

(Signed) ____, M. D.
or Mrs Robinson, Midwife
Address Murray Idaho

Filed May 29, 1940 John a Beer
Registrar.

293455

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

JUN 10 1940

State of Idaho
County of Shoshone } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Mary Kate Hyslie being first duly sworn says that she is the mother (Relationship of child)* of John Robert Hyslie born May 8 - 1896 (Date of birth) at Murray, Idaho, whose certificate of birth is hereto attached, and that She desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said John Robert Hyslie hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Mrs Robenson, ~~M. D.,~~ was the Midwife medical attendant at the birth of said John Robert Hyslie and that the said medical attendant is now deceased (Now deceased (or) cannot be located)

Name of Affiant Mary Kate Hyslie

P. O. Address Murray Idaho

Subscribed and sworn to before me this 8th day of June, 1940

Helen C McPhee
Notary Public.

Residing at Murray Idaho, Idaho.

*** If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.**

WRITE PLAINLY WITH UNFADING INK—THIS IS A PE... one child at birth a Separate Return must be made for each, and... more than ... of birth stated.

1. PLACE OF BIRTH
County of Latah
City of Moscow
No. 351723029-483 St.
(If born in hospital or institution give name.)

RECEIVED
JUN 17 1940

STATE OF IDAHO 293490
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH 293490
Registration District No. ..... State File No. .....
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Mylrea Henry Teare

3. Sex Male
If plural births { 4. Twin, triplet, or other ..... 5. Number, in order of birth .....
6. Premature ..... Full term Yes
7. Legitimate? Yes
8. Date of birth Dec 23, 1896 (Month, Day, Year) 1896

FATHER

9. Full name Philip Henry Teare
10. Residence (usual place of abode) (If non-resident, give place and State) .....
11. Color or race White | 12. Age at last birthday 40 (years)
13. Birthplace (city or place) (State or Country) Ramsey (Ballaugh) Isle of Man, England
OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. farmer
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. .....
16. Date (month and year) last engaged in this work ....., 19.....
17. Total time (years) spent in this work .....

MOTHER

18. Full maiden name Margaret Mylrea
19. Residence (usual place of abode) (If non-resident, give place and State) .....
20. Color or race White | 21. Age at last birthday 40 (years)
22. Birthplace (city or place) (State or Country) (Andreas) Ramsey, Isle of Man, England
OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. housekeeper
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. .....
25. Date (month and year) last engaged in this work ....., 19.....
26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....
28. Number of children of this mother 2 (At time of this birth and including this child) 2
(a) Born alive and now living 2 (b) Born alive but now dead ..... (c) Stillborn .....
29. If stillborn, period of gestation — { months or weeks
30. Cause of Stillbirth — { During labor — Before labor —

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at ..... m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report .....
(Date of)
..... Registrar.

(Signed) ....., M. D.
or ....., Midwife
Address .....
Filed ....., 193.... ..... Registrar.

STATE OF IDAHO

29349-9

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

RECEIVED
JUN 17 1940

State of Idaho
County of Latah } ss.

AFFIDAVIT

(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Margaret E. Olesen being first duly sworn says that she is the aunt (parents both deceased) of Mylrea Henry Teare born December 23, 1896 at Moscow, Idaho,
(Relationship of child)* (Date of birth)

whose certificate of birth is hereto attached, and that he desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said Mylrea Henry Teare hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Dr. W. H. Carithers, M. D., was the ~~Midwife~~ medical attendant at the birth of said Mylrea Henry Teare and that the said medical attendant is now deceased
(Now deceased (or) cannot be located)

Name of Affiant Margaret E Olesen

P. O. Address Moscow, Idaho

Subscribed and sworn to before me this 17 day of June 19 40

Frank W Blanton
Notary Public.

Residing at Moscow, Idaho.

*** If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.**

JAN 2 8 1976

OCT 26 1948

A556-219 037-415

293492

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

293492

1. PLACE OF BIRTH

County of Owyhee

City of Three Creek

No. ..... St. .....

(If born in hospital or institution give name.)

JUN 17 1940

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Mary Emiley Newman

3. Sex female

If plural births { 4. Twin, triplet, or other ..... 5. Number, in order of birth .....

6. Premature ..... Full term .....

7. Legitimate? yes

8. Date of birth 4 19, 1896 (Month, Day, Year)

FATHER

9. Full name Solomon Alonzo Newman

10. Residence (usual place of abode) (If non-resident, give place and State) Three Creek, Ida

11. Color or race white | 12. Age at last birthday 31 (years)

13. Birthplace (city or place) (State or Country) Brown, Utah

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Rancher

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Farm Vstock

16. Date (month and year) last engaged in this work 4-1, 1924

17. Total time (years) spent in this work 40

MOTHER

18. Full maiden name Winnie Louisa Davis

19. Residence (usual place of abode) (If non-resident, give place and State) Three Creek, Ida

20. Color or race white | 21. Age at last birthday 24 (years)

22. Birthplace (city or place) (State or Country) Oak Valley, Kans.

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. housewife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. own home

25. Date (month and year) last engaged in this work 6-15, 1940

26. Total time (years) spent in this work 50

27. What prophylactic was used to prevent Ophthalmia Neonatorum? None

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 3 (b) Born alive but now dead 1 (c) Stillborn none

29. If stillborn, period of gestation ..... { months or weeks

30. Cause of stillbirth ..... { Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... at ..... m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

Give name added from a supplemental report .....

(Date of)

..... Registrar.

(Signed) ....., M. D.

or ....., Midwife

Address .....

Filed June, 1940

Registrar.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

29349

State of Idaho
County of Twin Falls } ss.

AFFIDAVIT

(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Winnie L. Newman being first duly sworn says that

is the mother (Relationship of child)* of Mary Emiley Newman

born April 19, 1896 (Date of birth) at Three Creek, Idaho,

whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said Mary Emiley Newman

hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that no one (father's grandmother) only, M. D., was the Midwife medical attendant at the birth of said Mary Emiley Newman and that the said medical attendant is deceased (Now deceased (or) cannot be located)

Witness to mark: John M Barker
Nugget Idaho

Name of Affiant Winnie L. (her X mark) Newman

~~P. O. Address~~

Subscribed and sworn to before me this 15 day of June, 1940

John M Barker
Notary Public.

Residing at Buhl, Idaho.

* **If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.**

AUG [illegible] 1955

A168-224 029 414

294569

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

294569

Registration District No. _____ State File No. _____

Prim. Registration District No. _____ Local Registrar's No. _____

1. PLACE OF BIRTH
County of Latah, Idaho
~~City of~~ near Farmington Wash.
No. _____ St.
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Marion Christine Johnson

3. Sex: Female

If plural births: 4. Twin, triplet, or other _____ 5. Number, in order of birth _____

6. Premature _____ Full term X

7. Legitimate? yes

8. Date of birth Nov. 24th 1896 (Month, Day, Year)

FATHER

9. Full name Rasmus Christian Johnson

10. Residence (usual place of abode) (If non-resident, give place and State) Farmington Wash

11. Color or race White | 12. Age at last birthday 33 (years)

13. Birthplace (city or place) (State or Country) Denmark

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer & blacksmith

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Farm blacksmith shop

16. Date (month and year) last engaged in this work Mar., 1918

17. Total time (years) spent in this work 28

MOTHER

18. Full maiden name Maren Madsen Johnson

19. Residence (usual place of abode) (If non-resident, give place and State) Farmington Wash

20. Color or race White | 21. Age at last birthday 61 (years)

22. Birthplace (city or place) (State or Country) Denmark

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. housekeeper

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. own home

25. Date (month and year) last engaged in this work Jan., 1898

26. Total time (years) spent in this work 21 yrs.

27. What prophylactic was used to prevent Ophthalmia Neonatorum? not known

28. Number of children of this mother (At time of this birth and including this child) six
(a) Born alive and now living 6 (b) Born alive but now dead 0 (c) Stillborn 0

29. If stillborn, period of gestation _____ months or weeks

30. Cause of stillbirth _____ Before labor _____ During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ at _____ m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, hosholder, etc., should make this return.

Give name added from a supplemental report _____

(Date of) _____

Registrar.

(Signed) _____, M. D.

or _____, Midwife

Address _____

Filed Aug., 1940

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
BARZILLA W. CLARK, GOVERNOR

294569

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

AFFIDAVIT

(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

State of Washington
County of Asotin } ss.

Anna Marie Johnson Grim, being first duly sworn says that she is the sister of Marion Christine Johnson
(Relationship of child)*

born November 24 th 1896 near Farmington Wn in Latah Co., Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that Marion Christine Johnson desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho**; and affiant further states that the facts contained in the certificate of birth of the said Marion Christine Johnson hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Mrs. John Cummings ~~M.D.~~ was the Midwife medical attendant at the birth of said Marion Christine Johnson and that the said medical attendant ~~is~~ cannot be located.
(Now deceased (or) cannot be located)

Name of Affiant Anna Marie Johnson Grim.

P. O. Address

Subscribed and sworn to before me this 17 day of June, 19 40

Burt C Valsey
Notary Public.

Residing at Clarkston, Wash., ~~Idaho.~~

*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

294606

1. PLACE OF BIRTH
County of OWYHEE
City of SILVER CITY
No. 295-207.037-415 St.
Idaho
(If born in hospital or institution give name.)

Registration District No. ____ State File No. 294606
Prim. Registration District No. ____ Local Registrar's No. ____

2. FULL NAME OF CHILD EDNA M. BRESHEARS

3. Sex Female

If plural births: 4. Twin, triplet, or other single; 5. Number, in order of birth 2nd

6. Premature No; Full term Yes

7. Legitimate? Yes

8. Date of birth Apr 7 1896 (Month, Day, Year)

FATHER

9. Full name WESLEY FLETCHER BRESHEARS

10. Residence (usual place of abode) SILVER CITY (If non-resident, give place and State) Idaho

11. Color or race white 12. Age at last birthday 28 (years)

13. Birthplace (city or place) Near Joplin (State or Country) Missouri

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Mining & pool hall

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. " " "

16. Date (month and year) last engaged in this work During ____, 1923

17. Total time (years) spent in this work Do not know

MOTHER

18. Full maiden name ELIZABETH ANNA DAVIES

19. Residence (usual place of abode) SILVER CITY (If non-resident, give place and State) Idaho

20. Color or race white 21. Age at last birthday 22 (years)

22. Birthplace (city or place) Wales (State or Country)

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. " "

25. Date (month and year) last engaged in this work all time, 19____

26. Total time (years) spent in this work Housewife all time

27. What prophylactic was used to prevent Ophthalmia Neonatorum? NO

28. Number of children of this mother TWO (At time of this birth and including this child) (a) Born alive and now living two (b) Born alive but now dead none (c) Stillborn none

29. If stillborn, period of gestation None (months or weeks)

30. Cause of Stillbirth XX (During labor / Before labor)

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive (Born Alive or Stillborn) at 5 P. m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) Elizabeth A MOTHER Breshears, M. D.
or [illegible], Midwife
Address ____

Give name added from a supplemental report ____

(Date of) ____ Registrar.

Filed June 24, 1940, 193____ Registrar.

DELAYED

STATE OF IDAHO

294606

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

RECEIVED
JUN 24 1940

State of Washington
County of King } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

ELIZABETH A. BRESHEARS being first duly sworn says that

is the mother (Relationship of child)* of EDNA M. BRESHEARS

born April 7, 1896 (Date of birth) at SILVER CITY, Idaho,

whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said EDNA M. BRESHEARS

hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that HER MOTHER- MARY DAVIES, M. D., was the Midwife
midwife
medical attendant at the birth of said EDNA M. BRESHEARS and that the said medical attendant is DECEASED
(Now deceased (or) cannot be located)

Name of Affiant Elizabeth A Breshears.

P. O. Address 206 West 87th st., Seattle Wash

Subscribed and sworn to before me this 20th day of June, 1940

Sallie R. Shuster
Notary Public.

Residing at Seattle, ~~King~~ X

*** If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.**

[redacted]

AUG 22 1960

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of BANNOCK
City of POCATELLO IDAHO,
No. 862 Fl 2nd 3435 St.
(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

294647

JUN 26 1940

Registration District No. ..... State File No. .....
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD MARSHALL MACY HOBSON.

3. Sex	If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth	6. Premature ..... Full term YES	7. Legitimate? YES	8. Date of birth 8-21-1896 (Month, Day, Year)
MALE				

FATHER	MOTHER
9. Full name NEWTON CHASE HOBSON	18. Full maiden name MELISSA McCURTAIN
10. Residence (usual place of abode) (If non-resident, give place and State) Pocatello	19. Residence (usual place of abode) (If non-resident, give place and State) RIVERSIDE CAL.
11. Color or race WHITE 12. Age at last birthday 39 (years)	20. Color or race WHITE 21. Age at last birthday 38 (years)
13. Birthplace (city or place) (State or Country) NEWCASTLE INDIANA	22. Birthplace (city or place) RENSELAER (State or Country) INDIANA
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. CARPENTER	OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. HOUSE WIFE
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.
16. Date (month and year) last engaged in this work ....., 1928	17. Total time (years) spent in this work .....
	25. Date (month and year) last engaged in this work ....., 19.....
	26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother SEVEN (At time of this birth and including this child) (a) Born alive and now living 4 (b) Born alive but now dead 3 (c) Stillborn .....

29. If stillborn, period of gestation ..... { months or weeks

30. Cause of Stillbirth ..... { During labor ..... Before labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... (Born Alive or Stillborn) at ..... m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report .....

(Date of) .....

Registrar.

(Signed) Mrs Melissa Hobson (Mother), ~~M. D.~~

or ....., ~~Midwife~~

Address 5620 Mountain View Riverside California

Filed ....., 193.... .....

Registrar.

DELAYED

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

294647

RECEIVED
JUN 2[illegible] 40

State of California
County of Riverside } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

being first duly sworn says that she is the mother (Relationship of child)* of Marshall Macy Halsom born August 21 - 1896 (Date of birth) at Pocatello, Idaho, whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said Marshall Macy Halsom. hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Dr. Moore, M. D., was the Midwife medical attendant at the birth of said Marshall Macy Halsom and that the said medical attendant is (Now deceased ~~(or) cannot be located~~)

Name of Affiant Mrs Melissa Halsom

P. O. Address 5620 Mountain View Riverside California

Subscribed and sworn to before me this 13th day of June, 19 40

John E. Wolf
Notary Public.

Residing at Riverside, California, ~~Idaho~~

* **If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.**

Dear Mrs. Hobson:

The parents ages are not correct on this record so we have left the spaces for the ages blank. Will you please figure their ages at the time of Marshall's birth and make a notation on this slip giving us this information. Do not write on the certified copy but send it back also and we well fill in the empty spaces.

JUL 8 1940

Bureau of Vital Statistics
Boise, Idaho

Matilda Grace Nelson (father) was born 11-9-1856 - age at Marshalls birth - 39 years - 9 months - 12 days -
Melissa Nelson (Griffin) was born 9-28-1861 - age at Marshalls birth 34 years 10 months 22 days.

553-212035-154

294806

294806

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
JUL 11 1940

CERTIFICATE OF BIRTH

Registration District No. 321 State File No.

Prim. Registration District No. 96 Local Registrar's No.

1. PLACE OF BIRTH
County of Nez Perce
City of Forest, Idaho
No. St.
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Alice Jeannette Nelson

3. Sex female | If plural births: 4. Twin, triplet, or other 5. Number, in order of birth | 6. Premature Full term ✓ | 7. Legitimate? yes | 8. Date of birth Feb. 12, 1896 (Month, Day, Year)

FATHER

9. Full name Elias Frederick Nelson
10. Residence (usual place of abode) (If non-resident, give place and State) Forest Idaho
11. Color or race white | 12. Age at last birthday 44 (years)
13. Birthplace (city or place) (State or Country) Norway

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. farmer
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.
16. Date (month and year) last engaged in this work Aug ~~1920~~
17. Total time (years) spent in this work 60

MOTHER

18. Full maiden name Carolyn Anderson
19. Residence (usual place of abode) (If non-resident, give place and State) Forest Idaho
20. Color or race white | 21. Age at last birthday 38 (years)
22. Birthplace (city or place) (State or Country) Norway

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. own home
25. Date (month and year) last engaged in this work July ~~1921~~
26. Total time (years) spent in this work ~~45~~

27. What prophylactic was used to prevent Ophthalmia Neonatorum?

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 6 (b) Born alive but now dead 4 (c) Stillborn

29. If stillborn, period of gestation { months or weeks

30. Cause of Stillbirth { During labor / Before labor

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive (Born Alive or Stillborn) at 4 a. m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report

(Date of)

Registrar.

(Signed) Dena E. Provost, ~~M. D.~~
or eldest Sister, ~~Midwife~~
Address 419-16 ave Lewiston Idaho
Filed July 10, 1940 Patricia Burke Deputy Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N.B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO

294806

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

RECEIVED

JUL 11 1940

State of Idaho }
County of Nez Perce } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Adena E Provost being first duly sworn says that

she is the sister of Alice Jeannette Nelson
(Relationship of child)*

born February 12-1896 at Forest Idaho, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said Alice Jeannette Nelson hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Annie Jacobson ~~M. D. was~~ the Midwife medical attendant at the birth of said Alice Jeannette Nelson and that the said medical attendant is cannot-be located
(Now deceased (or) cannot be located)

Name of Affiant Adena E. Provost

P. O. Address R # 9- 16 St Ann Lewiston Idaho

Subscribed and sworn to before me this 11th day of December, 1939

O E Harris
Notary Public.

Residing at Lewiston, Idaho.

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

294 818

1. PLACE OF BIRTH
County of Owyhee
City of De Lamar
No. 354 108 037-165 St. Idaho
(If born in hospital or institution give name.)

RECEIVED
JUL 10 1940

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 294818

Registration District No. ..... State File No. .....
Prim. Registration District No. ..... Local Registrar's No. .....

2. **FULL NAME OF CHILD** Richard Jones Temby

3. Sex	If plural births	6. Premature	7. Legitimate?	8. Date of birth
Male	4. Twin, triplet, or other ..... 5. Number, in order of birth	Full term yes	yes	October 8, 1896 (Month, Day, Year)

FATHER		MOTHER	
9. Full name	Richard Temby	18. Full maiden name	Nellie May Jones (Temby)
10. Residence (usual place of abode) (If non-resident, give place and State)	De Lamar	19. Residence (usual place of abode) (If non-resident, give place and State)	De Lamar
11. Color or race	White	20. Color or race	White
12. Age at last birthday	31 (years)	21. Age at last birthday	24 (years)
13. Birthplace (city or place) (State or Country)	Cornwall, England	22. Birthplace (city or place) (State or Country)	Greencastle, Indiana. U.S.A.
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	Miner	OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.	House wife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	Mine	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.	Home
16. Date (month and year) last engaged in this work	October 8, 1896 19	25. Date (month and year) last engaged in this work	October 8, 1896 19
17. Total time (years) spent in this work	13	26. Total time (years) spent in this work	4

27. What prophylactic was used to prevent Ophthalmia Neonatorum? not known

28. Number of children of this mother (At time of this birth and including this child)
Three
(a) Born alive and now living 2 (b) Born alive but now dead one (c) Stillborn none

29. If stillborn, period of gestation ..... { months or weeks

30. Cause of Stillbirth ..... { Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born Alive at ..... m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report .....
(Date of)

..... Registrar.

(Signed) ..... , M. D.
or Nellie May Temby Mother, Midwife
Address Edmonds, Washington
Filed July 8, 1940

Registrar.

STATE OF IDAHO

294818

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

JUL 10

State of Washington
County of King } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Nellie May Jones Temby being first duly sworn says that she is the Mother (Relationship of child)* of Richard Jones Temby born October 8th, 1896 (Date of birth) at De Lamer, Owyhee County, Idaho, whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said Richard Jones Temby hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Doctor Plummer, M. D., was the ~~MIDWIFE~~ medical attendant at the birth of said Richard Jones Temby and that the said medical attendant is now deceased or connot be located (Now deceased (or) cannot be located)

Name of Affiant Nellie May Jones Temby

P. O. Address Edmonds, Washington

Subscribed and sworn to before me this 8th day of July, 1940

Agnes D'Connolly
Notary Public.

Residing at Seattle, Wash., ~~Idaho~~

*** If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.**

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

JUL 17 1940

CERTIFICATE OF BIRTH

Registration District No. ____ State File No. 294867

Prim. Registration District No. ____ Local Registrar's No. ____

1. PLACE OF BIRTH
County of Shoshone
City of Wardner
No. 468 767 040-213 St.
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD James Joseph Doyle

3. Sex: Male

If plural births: 4. Twin, triplet, or other ____ 5. Number, in order of birth ____

6. Premature ____ Full term ____

7. Legitimate? Yes

8. Date of birth 5/7/1896 (Month, Day, Year)

FATHER

9. Full name: Thomas Doyle

10. Residence (usual place of abode) (If non-resident, give place and State): Wardner, Idaho

11. Color or race: W. | 12. Age at last birthday: 42 (years)

13. Birthplace (city or place) (State or Country): Ireland

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Miner

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.: -

16. Date (month and year) last engaged in this work ____, 19____

17. Total time (years) spent in this work ____

MOTHER

18. Full maiden name: Johanna Salik

19. Residence (usual place of abode) (If non-resident, give place and State): Wardner, Idaho

20. Color or race: W. | 21. Age at last birthday: 43 (years)

22. Birthplace (city or place) (State or Country): Ohio, USA

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: Housewife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.: -

25. Date (month and year) last engaged in this work ____, 19____

26. Total time (years) spent in this work ____

27. What prophylactic was used to prevent Ophthalmia Neonatorum? ____

28. Number of children of this mother (At time of this birth and including this child) 5
(a) Born alive and now living 4 (b) Born alive but now dead 1 (c) Stillborn 0

29. If stillborn, period of gestation ____ months or weeks

30. Cause of Stillbirth ____ Before labor ____ During labor ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that ~~I attended the birth of~~ this child, ~~who~~ was born alive at - m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) ~~I~~ Henry J. Sleeman, ~~M.D.~~
shortly after time of
or Bro-in-Law ~~mother~~ of this birth, ~~M.D.~~

Give name added from a supplemental report ____

Address Wallace, Idaho

(Date of)

Filed July, 1940

Registrar.

Registrar.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

29486

AFFIDAVIT TO ACCOMPANY A CERTIFICATE OF AN UNREPORTED BIRTH WHEN SUCH CERTIFICATE IS NOT ATTESTED BY THE SIGNATURE OF ATTENDING PHYSICIAN OR MID-WIFE.

STATE OF IDAHO)
) ss.
COUNTY OF SHOSHONE)

Henry J. Steuart, of Wallace, Shoshone County, Idaho, being first duly sworn, says:

That he is a brother-in-law of James Joseph Doyle, born May 7, 1896, at Wardner, Shoshone County, Idaho, whose certificate of birth is hereto attached, and that James Joseph Doyle desires to have the said birth recorded under Chapter 139 of the 1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said James Joseph Doyle hereto attached are true and correct as stated therein, and that this birth has not been previously recorded.

Affiant further states that he was intimately acquainted with the family of said child, both before and after the birth of said child. That this affiant married a sister of said child December 21, 1896, and this affiant was not actually present at the time of his birth, but that he was present in the home of said child shortly before and after the birth of said child and that said child was born on May 7, 1896.

Affiant further states that the doctor who was the medical attendant at the birth of said child is now either deceased or removed from this vicinity and this affiant does not know his name or whereabouts, nor does he know the name

FEB 25 1960

or whereabouts of any other person who actually gave medical attention at the time of the birth of said child.

That the father and mother of said child are now deceased, and that the sister of said child who married this affiant is now deceased, and that this affiant, as a brother-in-law of said child, is the closest relative of said child having accurate information concerning his birth.

Henry J. Stewart.

Wallace, Shoshone County, Idaho.

Subscribed and sworn to before me this 10th day of July, 1940.

O. A. Hull

Notary Public for the State of Idaho, residing at Wallace.

RECORDED
JUL 15 1940

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

294944

JUL 11 1940

1. PLACE OF BIRTH
County of Boral :
City of Placerville
No. 962 207 008 313 St.
(If born in hospital or institution give name.)

Registration District No. 352 State File No.
Prim. Registration District No. Local Registrar's No. 12

2. FULL NAME OF CHILD Henrietta Caroline Robison

3. Sex Female | If plural births { 4. Twin, triplet, or other 5. Number, in order of birth | 6. Premature Full term | 7. Legitimate? Yes | 8. Date of birth July 7th 1940 (Month, Day, Year)

FATHER

9. Full name Ellis Stuart Robison
10. Residence (usual place of abode) (If non-resident, give place and State)
11. Color or race White | 12. Age at last birthday 38 (years)
13. Birthplace (city or place) (State or Country) Provo Peru

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Miner
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.
16. Date (month and year) last engaged in this work ....., 19.....
17. Total time (years) spent in this work

MOTHER

18. Full maiden name Elizabeth Cathcart
19. Residence (usual place of abode) (If non-resident, give place and State)
20. Color or race White | 21. Age at last birthday 24 (years)
22. Birthplace (city or place) (State or Country) Placerville Boise Co Idaho

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. House Wife
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.
25. Date (month and year) last engaged in this work ....., 19.....
26. Total time (years) spent in this work

27. What prophylactic was used to prevent Ophthalmia Neonatorum?
28. Number of children of this mother (At time of this birth and including this child) Two
(a) Born alive and now living Two (b) Born alive but now dead..... (c) Stillborn.....
29. If stillborn, period of gestation..... { months or weeks
30. Cause of Stillbirth..... { During labor..... Before labor.....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was..... (Born Alive or Stillborn) at..... m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) Chas B Fairchild, M. D.
or ....., Midwife
Address .....

Give name added from a supplemental report.....
Mrs E S Robison (Date of)
Registrar.

Filed 7/6, 1940
Registrar.

JUN 20 1958

A255 121 029 193

296062

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Latah
City of Moscow
No. 511 Sweet ave St.
Home
(If born in hospital or institution give name.)

RECEIVED
JUL 22 1940

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

296062

Registration District No. ..... State File No. .....
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Thurlow Paul Benedict

3. Sex Male
If plural births { 4. Twin, triplet, or other ..... 5. Number, in order of birth .....
6. Premature ~~X~~ Full term X
7. Legitimate? X
8. Date of birth June 2 1896 (Month, Day, Year)

FATHER

9. Full name Orloff A. Benedict
10. Residence (usual place of abode) (If non-resident, give place and State) .....
11. Color or race White 12. Age at last birthday 37 (years)
13. Birthplace (city or place) Waupaca (State or Country) Wisconsin

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cabinet Maker
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Saw mill
16. Date (month and year) last engaged in this work ....., 19.....
17. Total time (years) spent in this work .....

MOTHER

18. Full maiden name Mertie Lena Archer
19. Residence (usual place of abode) (If non-resident, give place and State) Moscow
20. Color or race White 21. Age at last birthday 26 (years)
22. Birthplace (city or place) East Wallingford (State or Country)

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. none
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. .....
25. Date (month and year) last engaged in this work ....., 19.....
26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? none

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 3 (b) Born alive but now dead X (c) Stillborn X

29. If stillborn, period of gestation ..... { months or weeks
30. Cause of stillbirth ..... { Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... at ..... m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

Give name added from a supplemental report .....
(Date of) .....
Registrar.

(Signed) ....., M. D.
or ....., Midwife
Address .....
Filed July, 1940
Registrar.

STATE OF IDAHO

296062

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

RECEIVED JUL 22 1940

State of Idaho }
County of Latah } ss.

AFFIDAVIT

(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Mertie Archer Benedict being first duly sworn says that Thurlow the Son (Relationship of child)* of Mertie Archer Benedict born June 21 1896 (Date of birth) at Moscow, Idaho, whose certificate of birth is hereto attached, and that Mertie A. Benedict desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said Thurlow Paul Benedict hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Dr Watkins, M. D., was the ~~Midwife~~ medical attendant at the birth of said Thurlow Paul Benedict and that the said medical attendant is now deceased (Now deceased (or) cannot be located)

Name of Affiant Mertie Archer Benedict

P. O. Address 511 Sweet ave Moscow

Subscribed and sworn to before me this 20 day of July, 19 40

Notary Public.

Residing at Moscow Idaho, Idaho.

*** If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.**

A593-107001-593

296084

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

RECEIVED
JUL 25 1940

Registration District No. ____ State File No. 296084

Prim. Registration District No. ____ Local Registrar's No. ____

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Ada
City of Boise
No. ____ St. ____
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Horace Carl Eichelberger

3. Sex: Male

If plural births: 4. Twin, triplet, or other ____ 5. Number, in order of birth ____

6. Premature ____ Full term ____

7. Legitimate? ____

8. Date of birth August 7, 1896 (Month, Day, Year)

FATHER

9. Full name: Albert Victor Eichelberger

10. Residence (usual place of abode) (If non-resident, give place and State): Boise, Idaho

11. Color or race: White | 12. Age at last birthday: 30 (years)

13. Birthplace (city or place) (State or Country): Iowa

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farmer

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.: ____

16. Date (month and year) last engaged in this work: ____, 19____

17. Total time (years) spent in this work: ____

MOTHER

18. Full maiden name: Eva Estella Nichols

19. Residence (usual place of abode) (If non-resident, give place and State): Boise, Idaho

20. Color or race: ____ | 21. Age at last birthday: 23 (years)

22. Birthplace (city or place) (State or Country): IOWA

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: Housewife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.: ____

25. Date (month and year) last engaged in this work: ____, 19____

26. Total time (years) spent in this work: ____

27. What prophylactic was used to prevent Ophthalmia Neonatorum? ____

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living: 3 (b) Born alive but now dead: ____ (c) Stillborn: ____

29. If stillborn, period of gestation: ____ months or weeks

30. Cause of Stillbirth: During labor ____ Before labor ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive (Born Alive or Stillborn) at ____ m. on the date above stated.

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

Give name added from a supplemental report ____

(Date of) ____

Registrar.

(Signed) Mrs Eva E. Eichelberger, M. D.

or ____, Midwife

Address ____

Filed July 25, 1940 Mae G. Atwood Registrar

Bureau of Vital Statistics

STATE OF IDAHO

296084

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Idaho }
County of Ada } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Mrs Eva E. Eichelberger being first duly sworn says that She is the mother (Relationship of child)* of Horace Carl Eichelberger born August 7 1896 (Date of birth) at Boise, Idaho, whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said Horace Carl Eichelberger hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that [redacted] Dr. Ella Collister, M. D., was the medical attendant at the birth of said Horace Carl Eichelberger and that the said medical attendant is deceased (Now deceased (or) cannot be located)

Name of Affiant Mrs Eva E. Eichelberger

P. O. Address

Subscribed and sworn to before me this 24th day of July 1940

Notary Public.

Residing at Boise, Idaho.

* **If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.**

437-105-625-239

296108

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of Idaho

City of Clearwater

No. ..... St.

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
JUL 23 1940

CERTIFICATE OF BIRTH 296108

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Miner James McPherson

3. Sex	If plural births	6. Premature	7. Legitimate?	8. Date of birth
M	4. Twin, triplet, or other ..... 5. Number, in order of birth	Full term X	X	Feb 5 1896 (Month, Day, Year)

FATHER	MOTHER
9. Full name: James McPherson (deceased)	18. Full maiden name: Olive Harriett Straugh
10. Residence (usual place of abode) (If non-resident, give place and State): Kooskia	19. Residence (usual place of abode) (If non-resident, give place and State): Kooskia
11. Color or race: W | 12. Age at last birthday: 44 (years)	20. Color or race: W | 21. Age at last birthday: 43 (years)
13. Birthplace (city or place) (State or Country): Pilot Grove, Missouri	22. Birthplace (city or place) (State or Country): Pittsburg, Penn
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: farmer	OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: housekeeper
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.: home	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.: home
16. Date (month and year) last engaged in this work: May 5 1936, 19 ..... | 17. Total time (years) spent in this work: 40	25. Date (month and year) last engaged in this work: ....., 19 ..... | 26. Total time (years) spent in this work: 45

27. What prophylactic was used to prevent Ophthalmia Neonatorum? no

28. Number of children of this mother: 2 (At time of this birth and including this child) (a) Born alive and now living 1 (b) Born alive but now dead 1 (c) Stillborn 0

29. If stillborn, period of gestation ..... months or weeks

30. Cause of Stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive (Born Alive or Stillborn) at a. m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report .....

(Date of) .....

Registrar.

(Signed) ....., M. D.

or Olive H McPherson, Midwife

Address .....

Filed July 23, 1940

Registrar.

296108

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

RECEIVED
JUL 23 1940

State of Idaho
County of Idaho ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Olive H. McPherson being first duly sworn says that she is the mother (Relationship of child)* of Miner James McPherson born February 5, 1896 (Date of birth) at Clearwater, Idaho, whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said Miner James McPherson hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Mrs. Joanna Ruark, ~~M. D.~~ Midwife, was the medical attendant at the birth of said Miner James McPherson and that the said medical attendant is now deceased (Now deceased (or) cannot be located).

Name of Affiant Olive H McPherson

P. O. Address Kooskia Idaho

Subscribed and sworn to before me this 19 day of July, 19 40

Notary Public.

Residing at Kooskia, Idaho.

*** If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.**

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

791-112.0008-717

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

296156

CERTIFICATE OF BIRTH

296156

JUL 27 1940

1. PLACE OF BIRTH
County of Boise
City of Crane Creek
No. ..... St.
(If born in hospital or institution give name.)

Registration District No. ..... State File No. .....
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Cyrus Clifford Pratt

3. Sex Male

If plural births { 4. Twin, triplet, or other ..... 5. Number, in order of birth .....

6. Premature ..... Full term ✓

7. Legitimate? yes

8. Date of birth JAN. 12, 1896 (Month, Day, Year)

FATHER

9. Full name William Barney Pratt
10. Residence (usual place of abode) (If non-resident, give place and State) .....
11. Color or race White | 12. Age at last birthday 30 (years)
13. Birthplace (city or place) (State or Country) Colorado

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Sheepherder
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. .....
16. Date (month and year) last engaged in this work ....., 19.....
17. Total time (years) spent in this work .....

MOTHER

18. Full maiden name Retta Louise Page
19. Residence (usual place of abode) (If non-resident, give place and State) .....
20. Color or race White | 21. Age at last birthday 23 (years)
22. Birthplace (city or place) (State or Country) Kansas

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housekeeper
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. .....
25. Date (month and year) last engaged in this work ....., 19.....
26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child)
Three
(a) Born alive and now living ✓ (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... { months or weeks

30. Cause of Stillbirth ..... { During labor ..... Before labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born Alive. at 6:30 a. m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) Retta Louise Pratt, M.D.
or ....., Midwife
Address 820 Cedar Street, Chico, Cal.

Give name added from a supplemental report .....
(Date of)

Filed July 27, 1940 Mae D. Atwood
Registrar.

Bureau of Vital Statistics

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Idaho }
County of Boise } ss.

AFFIDAVIT

(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Retta Louise Pratt being first duly sworn says that

She is the Mother (Relationship of child)* of Cyrus Clifford Pratt

born January 12, 1896 (Date of birth) at Crane Creek, Idaho,

whose certificate of birth is hereto attached, and that She desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said Cyrus Clifford Pratt

hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that ..... M. D., was the Midwife medical attendant at the birth of said ..... and that the said medical attendant is ..... (Now deceased (or) cannot be located)

Name of Affiant Retta Louise Pratt

P. O. Address 820 Cedar Street, Chico, California

Subscribed and sworn to before me this 25th day of July, 1940

Ruth Chrimmell
Notary Public.

Residing at Butte County, ~~Idaho~~ California, ~~Idaho~~.

*** If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.**

867-M-629-293

296211

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

296211

AUG - 1 1940

1. PLACE OF BIRTH
County of Latah
City of Moscow
No. ..... St.
(If born in hospital or institution give name.)

Registration District No. ..... State File No. .....
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Estell Ray Hopkins

3. Sex	If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth	6. Premature ..... Full term ✓	7. Legitimate? yes	8. Date of birth May 14, 1896 (Month, Day, Year)
male				

FATHER	MOTHER
9. Full name Eli Hopkins	18. Full maiden name Etta Leaphy Billow
10. Residence (usual place of abode) (If non-resident, give place and State) Moscow Ida	19. Residence (usual place of abode) (If non-resident, give place and State) Moscow Ida
11. Color or race white | 12. Age at last birthday 22 (years)	20. Color or race white | 21. Age at last birthday 20 (years)
13. Birthplace (city or place) (State or Country) Topeka Kansas	22. Birthplace (city or place) (State or Country) Avalon Missouri
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Lumberman	OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Sawmill	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. own home
16. Date (month and year) last engaged in this work May 14 - 1896	17. Total time (years) spent in this work 2 months
25. Date (month and year) last engaged in this work May 14 - 1896	26. Total time (years) spent in this work 2 years

27. What prophylactic was used to prevent Ophthalmia Neonatorum? none

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 1 (b) Born alive but now dead none (c) Stillborn none

29. If stillborn, period of gestation ..... { months or weeks

30. Cause of Stillbirth ..... { During labor ..... Before labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 8-30 AM m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

Give name added from a supplemental report .....
(Date of)

(Signed) Etta Leaphy Hopkins, M. D.
or ~~Midwife~~
Address Kendrick, Ida.

Filed ....., 193... Mae G. Atwood
Registrar.

AUG - 1 1940 Bureau of Vital Statistics

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT one child at birth a **Separate Return** must be made for each, and the r

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Washington } ss.
County of King

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Etta Leaphy Hopkins being first duly sworn says that

She is the mother of Estell Ray Hopkins
(Relationship of child)*

born May 14th 1896 at Moscow, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that She desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said Estell Ray Hopkins

hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Dr. Carithers M. D. was the Midwife medical attendant at the birth of said child and that the said medical attendant is deceased
(~~Now~~ deceased (or) cannot be located)

Name of Affiant Etta Leaphy Hopkins.

P. O. Address Kent Washington.

Subscribed and sworn to before me this 25th day of July, 1940

H B Madison
Notary Public.

Residing at Kent Wash., ~~Idaho.~~

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

APR 24 1951

A 284-226-036-219

296213

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

RECEIVED
JUL 27 1940

296213

1. PLACE OF BIRTH
County of Onida
City of Malad, Idaho
No. -?- St.
(If born in hospital or institution give name.)

Registration District No. ____ State File No. ____
Prim. Registration District No. ____ Local Registrar's No. ____

2. FULL NAME OF CHILD Jessie May Smith

3. Sex F

If plural births { 4. Twin, triplet, or other ____ 5. Number, in order of birth ____

6. Premature ____ Full term X

7. Legitimate? Yes

8. Date of birth May 24, 1896 (Month, Day, Year)

FATHER	MOTHER
9. Full name Andrew Smith	18. Full maiden name Caroline M. Baird
10. Residence (usual place of abode) (If non-resident, give place and State) Grays Lake Idaho	19. Residence (usual place of abode) (If non-resident, give place and State) Grays Lake Idaho
11. Color or race White | 12. Age at last birthday 48 (years)	20. Color or race White | 21. Age at last birthday 43 (years)
13. Birthplace (city or place) (State or Country) Canada	22. Birthplace (city or place) (State or Country) Canada Raymond City Utah
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. sheep-man	OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. housewife sheep-man
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. sheep owner	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. home
16. Date (month and year) last engaged in this work current, 19	17. Total time (years) spent in this work 4 yrs
25. Date (month and year) last engaged in this work current, 19	26. Total time (years) spent in this work always

27. What prophylactic was used to prevent Ophthalmia Neonatorum? ____

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 3 (b) Born alive but now dead ____ (c) Stillborn ____

29. If stillborn, period of gestation ____ { months or weeks

30. Cause of Stillbirth ____ { Before labor ____ During labor ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ____ at ____ m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report Caroline M. Smith Mother 7-22-40 (Date of)

(Signed) ____, M. D.
or ? ✓, Midwife
Address ____

Filed July 27, 1940 Mae G. Attwood
Registrar.

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child a birth, a Separate Return must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

RECEIVED
JUL 27 1940

State of California
County of Los Angeles } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Caroline M Smith being first duly sworn says that she is the mother (Relationship of child)* of Jessie May Smith born May 24 1896 (Date of birth) at Onida, Malad County, Idaho, whose ~~certificate of birth~~ is hereto attached, and that she desires to have the said birth ~~recorded~~ under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said Jessie May Smith hereto attached are true and correct as stated therein, and that this birth has not been previously recorded.

Affiant further states that she does not remember midwife's name ~~M.D.~~ Midwife was the medical attendant at the birth of said Jessie May Smith and that the said medical attendant is cannot be located - she was an (Now deceased (or) cannot be located)
old lady then.

Signature ~~Name~~ of Affiant Caroline M Smith

P. O. Address 212 E 82 Place Los Angeles, Calif.

Subscribed and sworn to before me this 22 day of July, 1940

Pauline E Peterson
Notary Public.

Residing at Los Angeles, Calif. [redacted] C.

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

My Commission Expires 11-27-40



STATE OF CALIFORNIA
County of Los Angeles } ss.

(N. Y.)

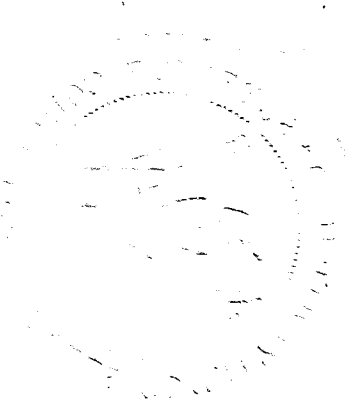
I, L. E. LAMPTON, County Clerk and Clerk of the Superior Court of the State of California, in and for said County, the same being a court of record of the aforesaid County, having by law a seal, do hereby certify that Pauline Epstein, whose name is subscribed to the attached certificate of acknowledgment, proof or affidavit, was at the time of taking said acknowledgment, proof or affidavit, a Notary Public IN AND FOR LOS ANGELES COUNTY, duly commissioned and sworn and residing in said County, and was, as such, an officer of said State, duly authorized by the laws thereof to take and certify the same, as well as to take and certify the proof and acknowledgment of deeds and other instruments in writing to be recorded in said State, and that full faith and credit are and ought to be given to his official acts; that the impression of his official seal is not required by law to be filed in the office of the County Clerk; I further certify that I am well acquainted with his handwriting and verily believe that the signature to the attached certificate is his genuine signature, and further that the annexed instrument is executed and acknowledged according to the laws of the State of California.

IN Witness Whereof, I have hereunto set my hand and affixed the seal of said Superior Court this 23 day of July, 1940

L. E. LAMPTON,
County Clerk and Clerk of the Superior Court of the State of California, in and for the County of Los Angeles.

By E. D. Alston, Deputy.

Corp. Form No. 9



E66-205-103-962

296270

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

296270

RECEIVED
JUL 23 1940

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Bannock
City of Thatcher
No. ____ St. ____
(If born in hospital or institution give name.)

Registration District No. ____ State File No. ____
Prim. Registration District No. ____ Local Registrar's No. ____

2. FULL NAME OF CHILD Wilhelmena Fredricka Hoopes

3. Sex: female

If plural births: 4. Twin, triplet, or other ____ 5. Number, in order of birth ____

6. Premature ____ Full term X

7. Legitimate? yes

8. Date of birth Sept. 5, 1896 (Month, Day, Year)

FATHER

9. Full name Charles Albert Hoopes

10. Residence (usual place of abode) (If non-resident, give place and State) Thatcher

11. Color or race white | 12. Age at last birthday 30 (years)

13. Birthplace (city or place) (State or Country) Bennington Bear Lake County, Ida.

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. farmer

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. farm

16. Date (month and year) last engaged in this work July, 1915

17. Total time (years) spent in this work 23

MOTHER

18. Full maiden name Luvana Cecelia Robbins

19. Residence (usual place of abode) (If non-resident, give place and State) Thatcher

20. Color or race White | 21. Age at last birthday 21 (years)

22. Birthplace (city or place) (State or Country) Weston Oneida County, Ida.

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. ____

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. ____

25. Date (month and year) last engaged in this work July, 1940

26. Total time (years) spent in this work 5 0

27. What prophylactic was used to prevent Ophthalmia Neonatorum? ____

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 3 (b) Born alive but now dead 0 (c) Stillborn 0

29. If stillborn, period of gestation ____ months or weeks

30. Cause of stillbirth ____ Before labor ____ During labor ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Alive at 9 P. m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

Give name added from a supplemental report ____ (Date of)

(Signed) ____, M. D.
or Luvana C. Hoopes, Midwife
Address Parker. mother

Filed July 23, 1940 Mae G. Atwood
Registrar.

Bureau of Vital Statistics Registrar.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

RECEIVED
JUL 23 1940

State of Idaho } ss.
County of Minidoka,

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Luvana C. Hoopes, being first duly sworn says that

She is the Mother, of Whilhelmena Fredricka Hoopes
(Relationship of child)*

born Sept. 5, 1896 at Thatcher, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that She desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said Wilhelmena Fredricka Hoopes,

hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that a Mrs. Peck, mid-wife, M. D., was the Midwife medical attendant at the birth of said Wilhelmena Fredricka Hoopes, and that the said medical attendant is now deceased,
(Now deceased (or) cannot be located)

Name of Affiant Luvana C. Hoopes

P. O. Address Rupert, Idaho,

Subscribed and sworn to before me this 17 day of July, 1940.

Paul A. Truman
Notary Public.

Residing at Rupert, Idaho., Idaho.

*** If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.**



WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

519-33-5529-349

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

296286

AUG -9 1940

296256

1. PLACE OF BIRTH
County of Latah
City of Idaho
No. ..... St.
home delivery
(If born in hospital or institution give name.)

Registration District No. ..... State File No. .....
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Buford Abner Yarbrough

3. Sex M | If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... | 6. Premature ..... Full term ✓ | 7. Legitimate? yes | 8. Date of birth 8-31-1896 (Month, Day, Year)

FATHER

9. Full name Thos. Edwin Yarbrough
10. Residence (usual place of abode) (If non-resident, give place and State) Idaho
11. Color or race W | 12. Age at last birthday 30 (years)
13. Birthplace (city or place) Graves County (State or Country) Kentucky

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Packer
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Mining
16. Date (month and year) last engaged in this work April, 1902 | 17. Total time (years) spent in this work 8

MOTHER

18. Full maiden name Etta May Turnboow
19. Residence (usual place of abode) (If non-resident, give place and State) Idaho
20. Color or race W | 21. Age at last birthday 22 (years)
22. Birthplace (city or place) Johnson (State or Country) County Illinois

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. housewife
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. own home
25. Date (month and year) last engaged in this work ....., 1902 | 26. Total time (years) spent in this work life

27. What prophylactic was used to prevent Ophthalmia Neonatorum? do not know

28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 2 (b) Born alive but now dead 2 (c) Stillborn 0

29. If stillborn, period of gestation Not any (months or weeks) | 30. Cause of Stillbirth ✓ (Before labor ✓ During labor ✓)

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... at 1 a. m. on the date above stated.
(Born Alive ~~or Stillborn~~)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.
Give name added from a supplemental report .....
(Date of) .....
Registrar.

(Signed) T E Yarbrough, ~~M. D.~~
or Father, ~~Midwife~~
Address Murray Ida Rt 5
Filed ....., 193... Mae L. Atwood
Registrar.
AUG -9 1940
Bureau of Vital Statistics

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

AFFIDAVIT

(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

State of Kentucky } ss.
County of Calloway }

J. C. Yarbrough being first duly sworn says that

is the father (Relationship of child)* of Buford Abner Yarbrough

born August 31, 1896 (Date of birth) at Latah County, Idaho,

whose certificate of birth is hereto attached, and that he desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said Buford Abner Yarbrough hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that a Mrs Plowman ~~M. D.~~ Midwife, was the medical attendant at the birth of said Buford Abner Yarbrough and that the said medical attendant is deceased (Now deceased (or) cannot be located)

Name of Affiant J. E. Yarbrough

P. O. Address Murray Ky - Rt #5

Subscribed and sworn to before me this 30 day of July, 1940

Mary R. Williams

County Court Clerk ~~Notary Public~~

Residing at Murray Ky, ~~Idaho.~~

*** If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.**

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

A168-114.090-795

296304

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

296304

Registration District No. _____ State File No. _____

Prim. Registration District No. _____ Local Registrar's No. _____

1. PLACE OF BIRTH
County of Shoshone
City of Wallace
No. _____ St. _____
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Ellsworth Egbert Johnson

3. Sex: Male

If plural births: 4. Twin, triplet, or other _____ 5. Number, in order of birth _____

6. Premature _____ Full term _____

7. Legitimate? Yes

8. Date of birth Jan. 14, 1896 (Month, Day, Year)

FATHER

9. Full name: Frank Fisk Johnson

10. Residence (usual place of abode) (If non-resident, give place and State) Wallace, Ida.

11. Color or race W | 12. Age at last birthday 34 (years)

13. Birthplace (city or place) Shawano (State or Country) Wisconsin

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Banker

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. President of First National Bank, of Wallace

16. Date (month and year) last engaged in this work _____, 19____

17. Total time (years) spent in this work _____

MOTHER

18. Full maiden name: Marie Louise Gieson

19. Residence (usual place of abode) (If non-resident, give place and State) Wallace, Ida.

20. Color or race W | 21. Age at last birthday 34 (years)

22. Birthplace (city or place) _____ (State or Country) Wisconsin

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____

25. Date (month and year) last engaged in this work _____, 19____

26. Total time (years) spent in this work _____

27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____

28. Number of children of this mother Three (At time of this birth and including this child) (a) Born alive and now living 3 (b) Born alive but now dead _____ (c) Stillborn _____

29. If stillborn, period of gestation _____ months or weeks

30. Cause of Stillbirth _____ During labor _____ Before labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ (Born Alive or Stillborn) at P. m. on the date above stated.

(Signed) _____, M. D.

or _____, Midwife

Address 1312 Warm Springs Ave., Boise, Idaho

Filed Aug. 5, 1940 Mae G. Atwood Registrar.

Bureau of Vital Statistics

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____ (Date of)

_____ Registrar.



STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Idaho }
County of Ada } ss.

AFFIDAVIT

(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Marie L. Johnson being first duly sworn says that she is the Mother (Relationship of child)* of Ellsworth Egbert Johnson

born January 14, 1896 (Date of birth) at Wallace, Idaho,

whose certificate of birth is hereto attached, and that She desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said Ellsworth Egbert Johnson hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Dr. Simms, M. D., was the Midwife medical attendant at the birth of said and that the said medical attendant is Was shot in front of Wallace Theatre (Now deceased (or) cannot be located)

Name of Affiant Marie L. Johnson

P. O. Address 1312 Warm Springs Ave., Boise, Idaho

Subscribed and sworn to before me this 5th day of August, 19 40

Ruth Brandelius
Notary Public.

Residing at Boise, Idaho.

*** If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.**



653-124-037-412

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

296357

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

AUG -6 1940

CERTIFICATE OF BIRTH

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

1. PLACE OF BIRTH
County of OWYHEE
City of SILVER CITY
No. ..... St. .....
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD ROLAND EUGENE WELDON

3. Sex MALE | If plural births { 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... } | 6. Premature ..... Full term X | 7. Legitimate? YES | 8. Date of birth JUNE 24, 1896 (Month, Day, Year)

FATHER

9. Full name LOUIS JAMES WELDON
10. Residence (usual place of abode) SILVER CITY IDAHO (If non-resident, give place and State) .....
11. Color or race WHITE | 12. Age at last birthday 23 (years)
13. Birthplace (city or place) PITTSBURGH (State or Country) PENNSYLVANIA

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. MINE PAYMASTER
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. MINE
16. Date (month and year) last engaged in this work JUNE, 1896
17. Total time (years) spent in this work 2 YEARS

MOTHER

18. Full maiden name MARY ANITA DABBS
19. Residence (usual place of abode) SILVER CITY IDAHO (If non-resident, give place and State) .....
20. Color or race WHITE | 21. Age at last birthday 24 (years)
22. Birthplace (city or place) PITTSBURGH (State or Country) PENNSYLVANIA

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. HOUSEWIFE
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. OWN HOME
25. Date (month and year) last engaged in this work JUNE, 1896
26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 1 (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... { months or weeks }
30. Cause of stillbirth ..... { Before labor ..... During labor ..... }

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... at ..... m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

(Signed) Ruth A. Weldon (Mrs John A Kelly) Aunt M. D.
or ..... Midwife
Address 4150 Bigelow Blvd. Pittsburgh, Pa.

Give name added from a supplemental report .....

(Date of) .....

Filed AUG 6 1940, 193... Mae D. Atwood
Registrar.

Registrar.

Bureau of Vital Statistics

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

AFFIDAVIT

(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

State of PENNSYLVANIA } ss.
County of ALLEGHENY }

Ruth A. Weldon (Mrs John A Kelly) being first duly sworn says that

SHE is the AUNT (Relationship of child)* of ROLAND EUGENE WELDON

born JUNE 24 - 1896 (Date of birth) at SILVER CITY, Idaho,

whose certificate of birth is hereto attached, and that SHE desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said ROLAND EUGENE WELDON hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that AN M.D. (NAME FORGOTTEN), M. D., was the ~~Midwife~~ medical attendant at the birth of said ROLAND EUGENE WELDON and that the said medical attendant is CANNOT BE LOCATED (Now deceased (or) cannot be located)

Name of Affiant Ruth A. Weldon (Mrs John A Kelly)

P. O. Address 4150 Bigelow Blvd, Pittsburgh Pa.

Subscribed and sworn to before me this 24th day of July, 19 40

CHARLES D. SIEGLE, NOTARY PUBLIC
MY COMMISSION EXPIRES
MARCH 19, 1943

Charles D. Siegle
Notary Public.

Residing at Pittsburgh, ~~Penna.~~, ~~Idaho.~~

*** If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.**

A433-516-029666

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

296437

AUG 10 1940

296437

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of Latah
City of Moscow, Idaho
No. Bungalo near Univer- St.
sity of Idaho grounds
(If born in hospital or institution give name.)

Registration District No. ..... State File No. .....
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Marion Caroline Mc Curdy

3. Sex: Female

If plural births: 4. Twin, triplet, or other ——— 5. Number, in order of birth 2nd

6. Premature ——— Full term Yes

7. Legitimate? Yes

8. Date of birth October 16 1896 (Month, Day, Year)

FATHER

9. Full name: Charles William McCurdy

10. Residence (usual place of abode) (If non-resident, give place and State): Moscow, Idaho

11. Color or race: White

12. Age at last birthday: 38 (years)

13. Birthplace (city or place) (State or Country): Dansville, N. Y.

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Teacher

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.: Chemistry Dept University of Idaho

16. Date (month and year) last engaged in this work: Oct. 16, 1896, 19....

17. Total time (years) spent in this work: 4 yrs.

MOTHER

18. Full maiden name: Eva Augusta Woodruff

19. Residence (usual place of abode) (If non-resident, give place and State): Moscow, Idaho

20. Color or race: White

21. Age at last birthday: 35 (years)

22. Birthplace (city or place) (State or Country): Ann Arbor, Mich.

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: Housewife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.: Own home

25. Date (month and year) last engaged in this work: Oct. 16, 1896, 19....

26. Total time (years) spent in this work: 4 yrs.

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Don't know

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living: Two (b) Born alive but now dead: None (c) Stillborn: None

29. If stillborn, period of gestation ——— months or weeks

30. Cause of Stillbirth ——— Before labor ——— During labor ———

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive (Born Alive or Stillborn) at 10 p m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report .....
(Date of)
..... Registrar.

(Signed) Gretchen Elaine McCurdy M. D.
or ..... Sister ....., Midwife
Address 106 Maple Place, Cranford, N. J.
Filed Aug., 1940
Registrar.

30643

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of New Jersey
AUG 10 1940
County of Union } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Gretchen Eleanor McCurdy-Mohn being first duly sworn says that she is the sister (Relationship of child)* of Marion Caroline McCurdy born October 16, 1896 (Date of birth) at Moscow, Idaho, Idaho, whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said Marion Caroline McCurdy hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that she does not know the name of the ~~M. D. was the Midwife~~ medical attendant at the birth of said Marion Caroline McCurdy and that the said medical attendant is probably deceased. (Now deceased (or) cannot be located)

Name of Affiant Gretchen Eleanor McCurdy Mohn

P. O. Address 106 Maple Place, Cranford, N.J.

Subscribed and sworn to before me this 5 day of August, 1940

Notary Public

Residing at Cranford, N. J. ~~Idaho~~ N.J.

*** If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.**

4962 214 240819

296476

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

RECEIVED AUG 14 1940

1. PLACE OF BIRTH

County of Shoshone

City of Clarkia P. O.

No. ..... St. .....

(If born in hospital or institution give name.)

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Clara Alma Robirts

3. Sex F.

If plural births { 4. Twin, triplet, or other ..... 5. Number, in order of birth 3

6. Premature ..... Full term Yes

7. Legitimate? Yes

8. Date of birth July 14, 1896 (Month, Day, Year)

FATHER	MOTHER
9. Full name: James Townsend Robirts	18. Full maiden name: Susan Adeline Harned
10. Residence (usual place of abode) (If non-resident, give place and State): Shoshone County	19. Residence (usual place of abode) (If non-resident, give place and State): Shoshone County
11. Color or race: White | 12. Age at last birthday: 26 (years)	20. Color or race: W. | 21. Age at last birthday: 21 (years)
13. Birthplace (city or place) (State or Country): Nebraska City, Nebraska	22. Birthplace (city or place) (State or Country): Atchison County, Missouri
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farmer	OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: Housekeeper
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.
16. Date (month and year) last engaged in this work: July 14, 1896	25. Date (month and year) last engaged in this work: July 14, 1896
17. Total time (years) spent in this work: 11	26. Total time (years) spent in this work: 5

27. What prophylactic was used to prevent Ophthalmia Neonatorum?

28. Number of children of this mother (At time of this birth and including this child) 3

3 (a) Born alive and now living 3 (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... { months or weeks

30. Cause of stillbirth ..... { Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... at ..... m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

(Signed) James Townson Robirts, M.D.
or ..... Father, ~~Mother~~

Address Vale, Oregon

Give name added from a supplemental report .....

(Date of) .....

Filed Aug ....., 1940

Registrar. .....

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.



STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Oregon
County of Malheur } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

James Townsend Robirts being first duly sworn says that he is the father (Relationship of child)* of Clara Alma Robirts born July 14, 1896 (Date of birth) at Shoshone County, Idaho, whose certificate of birth is hereto attached, and that he desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said Clara Alma Robirts hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Cybele Robirts, ~~M.D.~~ Midwife was the medical attendant at the birth of said Clara Alma Robirts and that the said medical attendant is now deseased (Now deceased (or) cannot be located)

Name of Affiant James Townsend Robirts

P. O. Address Vale, Oregon

Subscribed and sworn to before me this 13th day of August, 1940

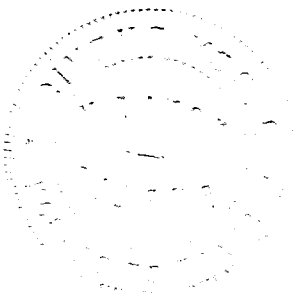
Percy Purvis
Notary Public.

My commission expires Jan. 13, 1941

Residing at Vale, Oregon, Idaho.

*** If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.**

FEB 17 1960



6191 12037 545

296561

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 296561
Local Reg. No.
Reg. Dist. No.

AUG 16 1940

1. **PLACE OF BIRTH:**
(a) County Owyhee (b) City DeLamar Ida
(c) Street Address or R F D No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home.....days.
In **THIS** county 5 years.....months.....days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County
(c) City DeLamar
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 12 yrs.
(f) Mother's mailing address DeLamar Idaho

3. **RESIDENCE OF FATHER** (city, state) DeLamar Idaho

4. **FULL NAME OF CHILD** Charles Stuart Warren

5. Date of Birth (Month, day, year) July 12 1896

6. Sex. Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd Single

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Henry Williams Warren
11. Color or Race White
12. Age at time of THIS birth 36 yrs.
13. Birthplace Cornwall (City or town) England (State or foreign country)
14. Exact Occupation Miner
15. Industry or Business DeLamar mine

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Laura Mae Emerson
17. Color or Race White
18. Age at time of THIS birth 33 years
19. Birthplace Janesville (City or town) Wisconsin (State or foreign country)
20. Exact Occupation Homemaker
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4
(c) Born alive and now dead none (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....(born alive, stillborn) at.....M. on the date and at the place stated above, and that personal particulars were furnished by.....(First name) (Last name), who is related to this child as.....(Mother, etc.)

26. (a).....(Date received) (b).....(Registrar's signature)

27. Given name added on.....by.....(Registrar's signature)

25. Attendant's **OWN signature**.....M.D. or.....(D.O., Midwife, etc.)
and address Date

State of Idaho }
County of Gem } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, William L Clark, being first duly sworn, say that I am acquainted with (Related to (or) acquainted with) Charles Stuart Warren (Name of person on certificate above) as business and club associate (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Doctor Weston (Name of attendant at birth), who attended said birth cannot be located (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

William L Clark Name

Emmett Idaho P. O. Address

Subscribed and sworn to before me this 1st day of August

(SEAL) ..... Notary Public, residing at Emmett Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 31

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

A359 130 036-666

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

296662

AUG 14 1940

Registration District No. ____ State File No. 296662

Prim. Registration District No. ____ Local Registrar's No. ____

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Oneida
City of Malad
No. ____ St. ____
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Warren W. Leigh

3. Sex M | If plural births: 4. Twin, triplet, or other ____ 5. Number, in order of birth ____ | 6. Premature ____ Full term yes | 7. Legitimate? yes | 8. Date of birth Sept 30, 1896 (Month, Day, Year)

	FATHER	MOTHER
9. Full name	William M. Leigh	18. Full maiden name Janeth Wardley Leigh
10. Residence (usual place of abode) (If non-resident, give place and State)	Malad, Idaho	19. Residence (usual place of abode) (If non-resident, give place and State)
11. Color or race	White	20. Color or race White
12. Age at last birthday	81 (years)	21. Age at last birthday 67 (years)
13. Birthplace (city or place) (State or Country)	Salt Lake City Utah	22. Birthplace (city or place) (State or Country) South Wales
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, ~~sawyer, bookkeeper,~~ etc.		23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	Farmer	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Housewife
16. Date (month and year) last engaged in this work ____, 19 00	17. Total time (years) spent in this work 45	25. Date (month and year) last engaged in this work ____, 19 ____	26. Total time (years) spent in this work 40

27. What prophylactic was used to prevent Ophthalmia Neonatorum? ____

28. Number of children of this mother 6 (At time of this birth and including this child) (a) Born alive and now living 2 (b) Born alive but now dead 1 (c) Stillborn ____

29. If stillborn, period of gestation ____ months or weeks

30. Cause of stillbirth ____ Before labor ____ During labor ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ____ (Born Alive or Stillborn) at ____ m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report ____ (Date of) ____

(Signed) ____, M. D.

or ____, Midwife

Address ____

Filed Aug. 1940

Registrar. ____ Registrar.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

RECEIVED

AUG 14 1940

AFFIDAVIT

(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

State of Idaho
County of Oneida } ss.

Berenice Leigh being first duly sworn says that she is the Sisterinlaw (Relationship of child)* of Warren W. Leigh born Sept 30 1897 (Date of birth) at Malad City, Idaho, whose certificate of birth is hereto attached, and that Warren W Leigh desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said Warren W. Leigh hereto attached are true and correct as stated therein, ~~and that this birth has not been previously recorded.~~

Affiant further states that J. M. Kerns, M. D., was the ~~Midwife~~ medical attendant at the birth of said Warren W. Leigh and that the said medical attendant is Deceased (Now deceased (or) cannot be located)

Name of Affiant Berenice Leigh (Mrs. Ford)

P. O. Address Downey Route Malad Idaho

Subscribed and sworn to before me this 9 day of August, 19 40

John F. McAllister
~~Notary Public.~~ Clerk of the District Court

Residing at Malad, Idaho.

*** If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.**

652-102-028-353

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

RECEIVED
AUG 23 1940

CERTIFICATE OF BIRTH
STATE OF IDAHO

297861

State File No. 297861
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Kootenai (b) City Burnsthan
(c) Street Address or R F D No. none
(d) Name of Hospital or Maternity Home: none
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home nil days.
In **THIS** county 3 years \ months \ days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State (b) County
(c) City
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? yrs.
(f) Mother's mailing address
3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Frank West
5. Date of Birth (Month, day, year) June 2nd 1896.
6. Sex. Male
7. Twin or Triplet nil
If so—born 1st, 2nd, 3rd nil
8. No. months of Pregnancy 9.
9. Legitimate? Yes.

FATHER OF CHILD

10. **FULL NAME** William West
11. Color or Race White
12. Age at time of THIS birth 30 yrs.
13. Birthplace Burmingham, Ingland (City or town) (State or foreign country)
14. Exact Occupation Miner
15. Industry or Business Mining

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Louise Lyles
17. Color or Race White
18. Age at time of THIS birth 20 years
19. Birthplace — Iowa USA (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business —

22. Name prophylactic used to prevent Ophthalmia Neonatorum —
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2
(c) Born alive and now dead nil (d) Stillborn nil

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) Aug 23 1940 (Date received) (b) Mae G Atwood (Registrar's signature)
Bureau of Vital Statistics
27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** ..... M.D. or ..... (D.O., Midwife, etc.)
and address ..... Date

State of Province of } ss.
County of British Columbia }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Frank West, being first duly sworn, say that I am the party (Related to (or) acquainted with)
(Name of person on certificate above) as ..... (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ..... (Name of attendant at birth), who attended said birth cannot be located (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Frank West Name
1176 Granville Street P. O. Address

Subscribed and sworn to before me on this 21st day of August 1940.

(SEAL) [signature] Notary Public, residing at Vancouver B.C.
for British Columbia

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

119-13-029315

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

RECEIVED AUG 23 1940

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

297893

State File No. 297873
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Latah (b) City near Genesee
(c) Street Address or R F D No. —
(d) Name of Hospital or Maternity Home: —
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home —days.
In **THIS** county 3 years 8 months 11 days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Latah
(c) City Genesee — (3 miles east)
(d) Street Address or R.F.D. No. —
(e) How long has **MOTHER** lived in Idaho? 46 yrs.
(f) Mother's mailing address Genesee Idaho

3. **RESIDENCE OF FATHER** (city) (state) Genesee Idaho (now deceased)

4. **FULL NAME OF CHILD** Benjamin Willis Jain

5. Date of Birth (Month, day, year) May 31-1896

6. Sex. Male

7. Twin or Triplet —

If so—born 1st, 2nd, 3rd —

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Walter F Jain
11. Color or Race White
12. Age at time of THIS birth 29 yrs.
13. Birthplace Dane Co Wis (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farmer

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Lela M Lansphear
17. Color or Race White
18. Age at time of THIS birth 20 years
19. Birthplace Salt River Mich (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum —
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 5 (c) Born alive and now dead — (d) Stillborn —

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

26. (a) Aug 23 1940 (Date received) (b) Mae G Atwood (Registrar's signature)

27. Given name added on ____ by Bureau of Vital Statistics (Registrar's signature)

25. Attendant's **OWN signature** ____ M.D. or ____ (D.O., Midwife, etc.)
and address ____ Date ____

State of Idaho }
County of Latah } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Lela M Jain, being first duly sworn, say that I am Related to (Related to (or) acquainted with) Benjamin Willis Jain (Name of person on certificate above) as his Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. J. Annis (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Lela M. Jain Name
Genesee Idaho P. O. Address

Subscribed and sworn to before me on this 21 day of Aug 1940

(SEAL)

O W Sipes Notary Public, residing at Genesee Idaho

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

643116 025962

29799 | 29799

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

RECEIVED AUG 30 1940

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Idaho (b) City Grangeville
(c) Street Address or R F D No. 305 N. Meadow
(d) Name of Hospital or Maternity Home: Parents' Home.
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home.....days.
In **THIS** county.....years.....months.....days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Idaho
(c) City Grangeville
(d) Street Address or R.F.D. No. 305 N. Meadow
(e) How long has **MOTHER** lived in Idaho? [illegible] yrs.
(f) Mother's mailing address Grangeville, Idaho

3. **RESIDENCE OF FATHER** (city, state) same

4. **FULL NAME OF CHILD** Edwin Dale Fulton

5. Date of Birth (Month, day, year) Apr. 16, 1896

6. Sex. Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Robert Frank Fulton
11. Color or Race White
12. Age at time of THIS birth 30 yrs.
13. Birthplace Westmorland, Co., Penn. (City or town) (State or foreign country)
14. Exact Occupation Attorney and
15. Industry or Business Abstracter.

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Lillian Robinson.
17. Color or Race White
18. Age at time of THIS birth 25 years
19. Birthplace Nez Perce County, Idaho (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum .....
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 2 (c) Born alive and now dead - - (d) Stillborn - - -

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....(born alive, stillborn) at.....M. on the date and at the place stated above, and that personal particulars were furnished by.....(First name) (Last name), who is related to this child as.....(Mother, etc.)

26. (a) Aug. 30, 1940 (Date received by State) (b) Mae G. Atwood (Registrar's signature)
Bureau of Vital Statistics

27. Given name added on.....by.....(Registrar's signature)

25. Attendant's **OWN signature**.....M.D. or.....(D.O., Midwife, etc.)
and address Date

State of Idaho } ss.
County of Idaho }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Robert Frank Fulton, being first duly sworn, say that I am related to (Related to (or) acquainted with) Edwin Dale Fulton (Name of person on certificate above) as father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that S. E. Bibby M.D. (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Robert Frank Fulton Name

Grangeville, Idaho P. O. Address

Subscribed and sworn to before me on this 28 day of August, 1940

(SEAL)

Notary Public, residing at Grangeville, Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **298015**
Local Reg. No.
Reg. Dist. No.

356-108-003-845

AUG 21 1940

1. **PLACE OF BIRTH:**
(a) County BANNOCK (b) City OXFORD
(c) Street Address or R F D No. MAIN STREET
(d) Name of Hospital or Maternity Home: NONE
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home NO - days. In **THIS** county 30 years months days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State IDAHO (b) County BANNOCK
(c) City OXFORD
(d) Street Address or R.F.D. No. MAIN STREET
(e) How long has **MOTHER** lived in Idaho? 28 yrs.
(f) Mother's mailing address OXFORD - IDAHO

3. **RESIDENCE OF FATHER** (city, state) OXFORD, IDAHO

4. **FULL NAME OF CHILD** ARNOLD ISAAC LEWIS

5. Date of Birth (Month, day, year) APRIL 8TH 1896

6. Sex. MALE

7. Twin or ~~Triplet~~ If so—born ~~1st, 2nd, 3rd~~

8. No. months of Pregnancy NINE

9. Legitimate? YES

FATHER OF CHILD

10. **FULL NAME** ISAAC NARIN LEWIS
11. Color or Race WELSH
12. Age at time of THIS birth 27 yrs.
13. Birthplace RICHMOND (City or town) UTAH (State or foreign country)
14. Exact Occupation CARPENTER
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** JENNIE HUNT LEWIS
17. Color or Race ENGLISH-IRISH-DUTCH
18. Age at time of THIS birth 30 years
19. Birthplace MILLVILLE (City or town) UTAH (State or foreign country)
20. Exact Occupation HOUSE WIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2 (c) Born alive and now dead NONE (d) Stillborn NONE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) ..... (Date received) (b) ..... (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** ..... M.D. or ..... (D.O., Midwife, etc.)
and address ..... Date

State of CALIFORNIA }
County of LOS ANGELES } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I JENNIE HUNT LEWIS, being first duly sworn, say that I am RELATED TO (Related to (or) acquainted with) ARNOLD ISAAC LEWIS (Name of person on certificate above) as FATHER (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that DR. JANE HOWELL (Name of attendant at birth), who attended said birth, IS NOW DECEASED (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Jennie Hunt Lewis Name
1453 - 15th St. Santa Monica California P. O. Address

Subscribed and sworn to before me on this 14th day of August, 1940

(SEAL) Grover Baker Notary Public, residing at SANTA MONICA, CALIFORNIA.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

21-731040-386

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

1940 298063

State File No. 298063
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Shoshone (b) City Wallace
(c) Street Address or R.F.D No.
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ... days.
In **THIS** county [illegible] ... days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Shoshone
(c) City Detroit Wallace Junction
(d) Street Address or R.F.D. No. 855 Indiana
(e) How long has **MOTHER** lived in Idaho? 24 yrs.
(f) Mother's mailing address 855 Indiana

3. **RESIDENCE OF FATHER** (city, state) Detroit Mich

4. **FULL NAME OF CHILD** Eugene William Sage

5. Date of Birth (Month, day, year) Mar. 31, 1896

6. Sex. Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Eugene Sage

11. Color or Race W

12. Age at time of THIS birth 41 yrs.

13. Birthplace Michigan
(City or town) (State or foreign country)

14. Exact Occupation Miner

15. Industry or Business Politician

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Ellen Lynard

17. Color or Race W

18. Age at time of THIS birth 23 years

19. Birthplace Missoula Montana
(City or town) (State or foreign country)

20. Exact Occupation House wife

21. Industry or Business

22. Name prophylactic ~~used to~~ prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 2 (c) Born alive and now dead 3 (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ... (born alive, stillborn) at ... M. on the date and at the place stated above, and that personal particulars were furnished by ... (First name) (Last name), who is related to this child as ... (Mother, etc.)

26. (a) Sep. 3, 1940 (b) Mae D. Atwood (Registrar's signature)
(Date accepted by Bureau of Vital Statistics)

27. Given name added on ... by ... (Registrar's signature)

25. Attendant's **OWN signature** ... M.D. or ... (D.O., Midwife, etc.)
and address ... Date

State of Mich
County of Wayne } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Mary Ellen Sage, being first duly sworn, say that I am Mother (Related to (or) acquainted with) Eugene William Sage (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Stone (Name of attendant at birth), who attended said birth is now dead (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Mary Ellen Sage ... Name
855 Indiana Detroit Mich ... P. O. Address

Subscribed and sworn to before me on this 29th day of August

(SEAL) Joseph C. Clancy ... Notary Public, residing at 73752 E. Euclid
My Comm. Exp. 1-4-42 Detroit, Mich

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 22 1953

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. If one child at birth a Separate Return must be made for each, and the number of each, in order of birth

A619.214
003-335

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

29807/

CERTIFICATE OF BIRTH

298071

1. PLACE OF BIRTH
County of Bannock
City of Pocatello
No. 545 No. Garfield St.
(If born in hospital or institution give name.)

Registration District No. ____ State File No. ____
Prim. Registration District No. ____ Local Registrar's No. ____

2. FULL NAME OF CHILD Ruth Margaret Warner

3. Sex: Female

If plural births: 4. Twin, triplet, or other ____ 5. Number, in order of birth ____

6. Premature ____ Full term Yes

7. Legitimate? Yes

8. Date of birth 9 14, 1896 (Month, Day, Year)

FATHER

9. Full name: Lorenzo C. Warner

10. Residence (usual place of abode) (If non-resident, give place and State): Pocatello, Ida

11. Color or race: W | 12. Age at last birthday: 60 (years)

13. Birthplace (city or place) (State or Country): Coldwater, Mich.

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Painter & paperhanger

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.:

16. Date (month and year) last engaged in this work ____, 19____

17. Total time (years) spent in this work: 38 yrs.

MOTHER

18. Full maiden name: Ada Alvira Clement

19. Residence (usual place of abode) (If non-resident, give place and State): Pocatello, Ida

20. Color or race: W | 21. Age at last birthday: 29 (years)

22. Birthplace (city or place) (State or Country): Livingstone County, Illinois.

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: Housewife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.:

25. Date (month and year) last engaged in this work ____, 19____

26. Total time (years) spent in this work

27. What prophylactic was used to prevent Ophthalmia Neonatorum?

28. Number of children of this mother (At time of this birth and including this child)
Four
(a) Born alive and now living 4 (b) Born alive but now dead ____ (c) Stillborn ____

29. If stillborn, period of gestation ____ months or weeks

30. Cause of Stillbirth ____ During labor ____ Before labor ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ____ at ____ m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) ____, M. D.

or ____, Midwife

Address ____

Give name added from a supplemental report ____
(Date of)

Filed SEPT 1940, 193____

Registrar.

Registrar.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of .....
County of ..... } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Ada A. Warner being first duly sworn says that she is the Mother (Relationship of child)* of Ruth Margaret Warner born 9/14/1896 (Date of birth) at Pocatello, Idaho,

whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho**; and affiant further states that the facts contained in the certificate of birth of the said Ruth Margaret Warner hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Mrs. McMullan, ~~XXXX~~ was the Midwife medical attendant at the birth of said Ruth Margaret Warner and that the said medical attendant is Now Deceased
(Now deceased (or) cannot be located)

Name of Affiant Ada A Warner

P. O. Address 412 No. Commercial Bellingham Wash.

Subscribed and sworn to before me this 5th day of September, 19 40.

Beth Pendleton
Notary Public.

Residing at Boise, Idaho.

*** If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.**

962-223030-695

298108

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 298108
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Lemhi (b) City Salmon
(c) Street Address or R.F.D No. Baker, Idaho
(d) Name of Hospital or Maternity Home: None
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home .....days.
In **THIS** county .....years .....months .....days.

RECEIVED SEP 5 1940

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Lemhi
(c) City Salmon
(d) Street Address or R.F.D. No. Baker, Idaho
(e) How long has **MOTHER** lived in Idaho? .....yrs.
(f) Mother's mailing address Deceased

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Madelene Winchell Rose

5. Date of Birth (Month, day, year) July 23 1896

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** William A. Rose
11. Color or Race White
12. Age at time of THIS birth (approx.) 45 yrs.
13. Birthplace Harrisburg, Ill. (City or town) (State or foreign country)
14. Exact Occupation Rancher
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Gula Maud Winchell
17. Color or Race White
18. Age at time of THIS birth (approx.) 36 years
19. Birthplace Hoycan, Wisc. (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum .....
23. Number of children of this mother: (a) At time of birth and including this child..... (b) Born alive and now living.....
(c) Born alive and now dead..... (d) Stillborn.....

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date (born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by..... (First name) (Last name), who is related to this child as..... (Mother, etc.)

26. (a)..... (Date received) (b) Mae G Atwood (Registrar's signature)
Bureau of Vital Statistics

27. Given name added on..... by..... (Registrar's signature)

25. Attendant's **OWN signature**.....M.D. or..... (D.O., Midwife, etc.)
and address Date

State of California } ss.
County of Los Angeles }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, ESTHER ROSE OFFUTT, being first duly sworn, say that I am RELATED (Related to (or) acquainted with)
MADELENE WINCHELL ROSE (Name of person on certificate above) as SISTER (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that MRS. RICHARDSON (Name of attendant at birth), who attended said birth DECEASED (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Esther Rose Offutt Name
1741-24th ST. SANTA MONICA, CALIF. P. O. Address

Subscribed and sworn to before me on this 4th day of SEPTEMBER 1940

(SEAL) Notary Public residing at Santa Monica Calif.

My Commission Expires July 24, 1942

NOTARY PUBLIC in and for the County of Los Angeles, State of California

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

243-206-032994

298196

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 298196
Local Reg. No.
Reg. Dist. No. 1441

1. **PLACE OF BIRTH:**
(a) County Lincoln (b) City Shoshone
(c) Street Address or R F D No. VED
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: SEP 12 1940
In Hosp. or Mat. Home.....days.
In **THIS** county.....years.....months.....days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Shoshone
(c) City Wallace
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho?.....yrs.
(f) Mother's mailing address.....
3. **RESIDENCE OF FATHER** (city, state).....

4. **FULL NAME OF CHILD** Olga Ruth Buttner
5. Date of Birth (Month, day, year) July 6 - 1896
6. Sex F
7. Twin or Triplet
If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy
9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Henry Felix Buttner
11. Color or Race W
12. Age at time of THIS birth 37 yrs.
13. Birthplace Germany (City or town) (State or foreign country)
14. Exact Occupation Dentist
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Jessie Redfern
17. Color or Race W
18. Age at time of THIS birth 18 years
19. Birthplace St Louis Mo. (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum .....
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1
(c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (born alive, stillborn) at 7 A. M. on the date and at the place stated above, and that personal particulars were furnished by Mrs Jessie Buttner (First name) (Last name) who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN signature** Wm H. Baugh. M.D., or (D.O., Midwife, etc.)
and address Shoshone Ida. Date

26. (a) Aug. 15-1940 (Date received) (b) John A Beer (Registrar's signature)
27. Given name added on.....by.....(Registrar's signature)

State of Idaho }
County of Shoshone } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Jessie Buttner, being first duly sworn, say that I am mother related (Related to (or) acquainted with) Olga Ruth Buttner (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Wm H. Baugh (Name of attendant at birth), who attended said birth deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Mrs Jessie Buttner Name
Elizabeth E Ward P. O. Address

Subscribed and sworn to before me on this 10 day of Sept

SEAL

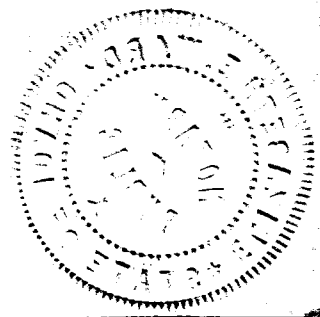
Notary Public, residing at Wallace Ida.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



212 120 021 551

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

RECEIVED SEP 13 1940

CERTIFICATE OF BIRTH
STATE OF IDAHO

298223

State File No. 298223
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Franklin (b) City Franklin
(c) Street Address or R F D No.
(d) Name of Hospital or Maternity Home: At mothers home
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home 15 days.
In **THIS** county 4/4 years 3 months 10 days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Franklin
(c) City Franklin
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 5 1 yrs.
(f) Mother's mailing address now dead
3. **RESIDENCE OF FATHER** (city, state) Franklin Idaho

4. **FULL NAME OF CHILD** Harold Evans Baker
5. Date of Birth (Month, day, year) April 20, 1886
6. Sex. Male
7. Twin or Triplet
If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Benjamin Charles Baker
11. Color or Race White
12. Age at time of THIS birth 33 yrs.
13. Birthplace Paterville Utah (City or town) (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Lucy Evans
17. Color or Race White
18. Age at time of THIS birth 31 years
19. Birthplace Preston Idaho (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum 8
23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living
(c) Born alive and now dead (d) Stillborn 3 dead

24. I HEREBY CERTIFY That I attended the birth of this child, who was (born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

26. (a) Sep 13 1940 (Date Received) (b) Mae G Atwood (Registrar's signature)
27. Given name added on by (Registrar's signature)

25. Attendant's **OWN signature** M.D. or (D.O., Midwife, etc.)
and address Date

State of Idaho } ss.
County of Franklin }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, A H Jensen, being first duly sworn, say that I am not (Related to (or) acquainted with)
(Name of person on certificate above) as known Harold for 40 yrs (State relationship or acquaintance) whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that (Name of attendant at birth), who attended said birth (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

I have known Harold from childhood over 40 years

A H Jensen Name
P.O. Address

Subscribed and sworn to before me on this 13 day of Sept 1940

(SEAL) Notary Public, residing at

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

At the time of Harold's birth no certificates were made or kept. Mrs Ellen Morgan, now deceased was in attendance at the birth. Mr A H Jensen, Justice of the Peace Preston Idaho, knows of the birth & knew Harold's parents

subscribed to before me A H Jensen this 12th day of Sept 1940

Arthur Marker
Notary Public
Preston Ida

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

JAN 10 1942

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of California } ss.
County of Los Angeles }

Certificate No. 299223

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (BIRTH OR DEATH) for Harold Evans Baker (NAME ON ORIGINAL CERTIFICATE) who was Born (WAS BORN OR DIED) on April-20-1896 (DATE OF EVENT) in Franklin Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by A-H Jensen (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared 2 Sept 1940 (GIVE DATE) are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Harold E. Baker	
Date	Nov. 4, 1863	April 20, 1896

I have known Herald for 45 years

Subscribed and sworn to before me this 6th day of January, 19 42.

Irene McGuarrie

Notary Public, residing at Compton 141 Blvd

My commission expires April 22, 1944

(SEAL)

Signed Adelaide Pedersen

(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING DEATH RECORD; OR OTHER CREDIBLE PERSON.)

2224 Pine St Compton Calif

(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California } ss.
County of Los Angeles }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that she has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 6th day of January, 19 42

Irene McGuarrie

Notary Public, residing at Compton Calif

My commission expires April 22-1944

(SEAL)

Signed Lillian G. Love

(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

9210 Pine St Compton Cal

(STREET ADDRESS, CITY, STATE)

Received for filing on JAN 10 1942 By .....

(REGISTRAR'S SIGNATURE)

655-207 001-294

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

SEP 17 1940

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 298244
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Ada (b) City Boise Idaho
(c) Street Address or R F D No. So. Boise
(d) Name of Hospital or Maternity Home: none
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home.....days.
In **THIS** county 4 years.....months.....days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Ada
(c) City Boise R F D So. Boise
(d) Street Address or R.F.D. No. 1306 W. Jefferson
(e) How long has **MOTHER** lived in Idaho? 48 yrs.
(f) Mother's mailing address 1306 W. Jeff. St. Boise Idaho
3. **RESIDENCE OF FATHER** (city, state) Boise Idaho

4. **FULL NAME OF CHILD** Abigail Hamilton Fenton
5. Date of Birth (Month, day, year) Apr 7 1896
6. Sex. Female
7. Twin or Triplet —
If so—born 1st, 2nd, 3rd —
8. No. months of Pregnancy Normal full time
9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Warren C. Fenton
11. Color or Race White
12. Age at time of THIS birth 38 yrs.
13. Birthplace Monteray (City or town) Davis Co. Iowa (State or foreign country)
14. Exact Occupation Farmer - Laborer
15. Industry or Business - Farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Bonneal Jane Simmons
17. Color or Race White
18. Age at time of THIS birth 37 years
19. Birthplace Monteray (City or town) Davis Co Iowa (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business —

22. Name prophylactic used to prevent Ophthalmia Neonatorum —
23. Number of children of this mother: (a) At time of birth and including this child 7th (b) Born alive and now living 3
(c) Born alive and now dead 4 (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....(born alive, stillborn) at.....M. on the date and at the place stated above, and that personal particulars were furnished by.....(First name) (Last name), who is related to this child as.....(Mother, etc.)

26. (a) Sep 17 1940 (Date received) (b) Mae G Atwood (Registrar's signature)
Bureau of Vital Statistics

27. Given name added on.....by.....(Registrar's signature)

25. Attendant's **OWN signature**.....M.D. or.....(D.O., Midwife, etc.)
and address Date

State of Idaho
County of Ada } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Mrs. Bonneal Jane Fenton, being first duly sworn, say that I am Mother (Related to (or) acquainted with) of Abigail Hamilton Fenton (Name of person on certificate above) as (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Geo. Collister (Name of attendant at birth), who attended said birth is deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Bonneal Jane Fenton Name
1306 West Jefferson St Boise Idaho P. O. Address

Subscribed and sworn to before me on this 14th day of Sept 1940

(SEAL) M. Overall Notary Public, residing at Boise Idaho

My Comm Exp 3/8/42

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

795-25-2036 4466

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 298443
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (a) County Oneida SEP 3 1940 (b) City Woodruff
(c) Street Address or R F.D No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home ..... days. In **THIS** county all ~~years~~ her life months ..... days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these) (a) State Idaho (b) County Oneida
(c) City Woodruff
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? [redacted] yrs.
(f) Mother's mailing address [redacted] Woodruff

3. **RESIDENCE OF FATHER** (city, state) Woodruff

4. **FULL NAME OF CHILD** Sarah Elizabeth Blair Green

5. Date of Birth (Month, day, year) Jan. 2, 1896

6. Sex female

7. ~~Twin or Triplet~~ ~~If so—born 1st, 2nd, 3rd~~

8. No. months of Pregnancy

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Alma Heber Green

11. Color or Race white

12. Age at time of THIS birth 24 yrs.

13. Birthplace West Postage, Utah (City or town) (State or foreign country)

14. Exact Occupation farming

15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Hattenia Mann Green

17. Color or Race white

18. Age at time of THIS birth 24 years

19. Birthplace Farmington, Utah (City or town) (State or foreign country)

20. Exact Occupation house wife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child ..... (b) Born alive and now living ..... (c) Born alive and now dead ..... (d) Stillborn .....

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) ..... (Date received) (b) ..... (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** ..... M.D. or ..... (D.O., Midwife, etc.)
and address ..... Date

State of Idaho }
County of Bannock } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Alma Heber Green, being first duly sworn, say that I am Related (Related to (or) acquainted with) Sarah Elizabeth Blair Green (Name of person on certificate above) as Father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Anderson (Name of attendant at birth), who attended said birth deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

H. [redacted] Green Name
McCammon P. O. Address

Subscribed and sworn to before me on this 17 day of Aug. 1940

(SEAL) J. F. Nelson Notary Public, residing at McCammon

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

592-112-029-663

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child) K 99565

SEP 23 1940

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 299565
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Latah (b) City Genesee
(c) Street Address or R F D No. R. F. D. No 1
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home .....days.
In **THIS** county .....years .....months .....days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Latah
(c) City Genesee
(d) Street Address or R.F.D. No. 1
(e) How long has **MOTHER** lived in Idaho? 12 yrs.
(f) Mother's mailing address Genesee, Idaho

3. **RESIDENCE OF FATHER** (city, state) Genesee

4. **FULL NAME OF CHILD** Ludvig Melvin Visby

5. Date of Birth (Month, day, year) Feb. 12, 1896

6. Sex. male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Neils J. Visby
11. Color or Race white
12. Age at time of THIS birth 58 yrs.
13. Birthplace Thisted, Denmark (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Aline Wold
17. Color or Race white
18. Age at time of THIS birth 31 years
19. Birthplace Trondhjem (City or town) Norway (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 7 (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by was present by my attendance (First name) (Last name), who is related to this child as a neighbor (Mother, etc.)

26. (a) Sep 23 1940 (Date received) (b) Mae G Atwood (Registrar's signature)

27. Given name added on by (Registrar's signature)

25. Attendant's **OWN signature** neighbor Mrs. Belle Hanson (Midwife, etc.) and address Genesee, Idaho Date 9/6/1940

State of Idaho
County of Latah } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Belle Hanson, being first duly sworn, say that I am acquanted with (Related to (or) acquainted with) Ludvig Melvin Visby (Name of person on certificate above) as acquantance, former neighbor, (State relationship or acquaintance) whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Doctor and Mid wife (Name of attendant at birth), who attended said birth are deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Mrs. Belle Hanson Name
Genesee, Idaho P. O. Address

Subscribed and sworn to before me on this 7th day of September 1940

(SEAL) C W Burr Notary Public, residing at Genesee Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

653-20-029-533

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 299702
Local Reg. No.
Reg. Dist. No.

OCT 1 1940

1. **PLACE OF BIRTH:**
(a) County Latah (b) City Cora
(c) Street Address or R F D No. Co
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home .....days.
In **THIS** county 6 years .....months .....days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Latah
(c) City Cora
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 28 yrs.
(f) Mother's mailing address Garfield, Wash.

3. **RESIDENCE OF FATHER** (city, state) Garfield, Wash

4. **FULL NAME OF CHILD** Blanche Felts

5. Date of Birth (Month, day, year) May 1, 1896

6. Sex female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Sylvester Jones Felts
11. Color or Race white
12. Age at time of THIS birth 32 yrs.
13. Birthplace Hamptonville (City or town) N. Carolina (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farmer

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Elsie Ellis
17. Color or Race white
18. Age at time of THIS birth 24 years
19. Birthplace Mahoney (City or town) Pennsylvania (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum 1
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 2
(c) Born alive and now dead none (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) Oct. 1, 1940 (Date received by Registrar) (b) Mae G. Atwood (Registrar's signature)
Bureau of Vital Statistics

25. Attendant's **OWN signature** ..... M.D. or ..... (D.O., Midwife, etc.)
and address ..... Date

27. Given name added on ..... by ..... (Registrar's signature)

State of Washington
County of Whitman
} ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Elsie Ellis Felts, being first duly sworn, say that I am Mother of (Related to (or) acquainted with) Blanche Felts (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. John Carper (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Elsie Ellis Felts ..... Name
Garfield, Washington ..... P. O. Address

Subscribed and sworn to before me on this 30th day of September 1940

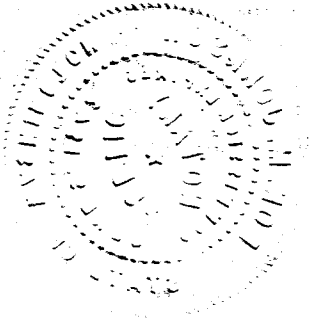
(SEAL) John M. Johnson ..... Notary Public, residing at Garfield, Wash.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW .

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



555-222-014-255

United States
Department of Commerce
Bureau of the Census

RECEIVED
OCT 4 1940

(Be sure the information is as of date of birth of THIS child) 2-9-17-17

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 29799
Local Reg. No. 225
Reg. Dist. No. 326

1. **PLACE OF BIRTH:**
(a) County Canyon (b) City Caldwell
(c) Street Address or R F D No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home.....days.
In **THIS** county.....years.....months.....days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Canyon
(c) City Nampa
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 27 yrs.
(f) Mother's mailing address Deceased

3. **RESIDENCE OF FATHER** (city, state) Deceased

4. **FULL NAME OF CHILD** Mildred Elizabeth Everitt

5. Date of Birth (Month, day, year) May 22-1896

6. Sex.

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** George Henry Everitt
11. Color or Race white
12. Age at time of THIS birth 32 yrs.
13. Birthplace Illinois (City or town) (State or foreign country)
14. Exact Occupation Real Estate
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Hannah Elizabeth Swanson
17. Color or Race white
18. Age at time of THIS birth 22 years
19. Birthplace Sweden (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living.....
(c) Born alive and now dead..... (d) Stillborn.....

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....(born alive, stillborn) at.....M. on the date and at the place stated above, and that personal particulars were furnished by.....(First name) (Last name), who is related to this child as.....(Mother, etc.)

26. (a) 10-2-40 (Date received) (b) [signature] (Registrar's signature)

27. Given name added on.....by.....(Registrar's signature)

25. Attendant's **OWN** signature.....M.D. or.....(D.O., Midwife, etc.)
and address Date

State of California }
County of Los Angeles } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Odette George Grover Everitt, being first duly sworn, say that I am related to (Related to (or) acquainted with) Mildred Elizabeth Everitt (Name of person on certificate above) as brother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Isham (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

George Grover Everitt Name
1141 Bennett ave., Long Beach, Cal. P. O. Address

Subscribed and sworn to before me on this 23rd day of September, 1940

(SEAL) Odette B. Landis Notary Public, residing at Long Beach, Calif.
NOTARY PUBLIC
In and for the County of Los Angeles, State of California

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of Bannock

City of Pocatello

No. ..... St. .....

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. ..... State File No. 29879

Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Maude Cecilia Champlin

3. Sex

If plural births { 4. Twin, triplet, or other ..... 5. Number, in order of birth .....

6. Premature ..... Full term .....

7. Legitimate? Yes

8. Date of birth Jan 14th 1896 (Month, Day, Year)

FATHER

9. Full name John Whitting Champlin

10. Residence (usual place of abode) (If non-resident, give place and State) Pocatello Idaho

11. Color or race White | 12. Age at last birthday 34 (years)

13. Birthplace (city or place) (State or Country) Bodus New York

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stone Mason

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. O.S.L. Rail Road

16. Date (month and year) last engaged in this work ....., 19.....

17. Total time (years) spent in this work .....

MOTHER

18. Full maiden name Martha or Lizzie Adell Kistler

19. Residence (usual place of abode) (If non-resident, give place and State) Pocatello

20. Color or race White | 21. Age at last birthday 19 (years)

22. Birthplace (city or place) (State or Country) Putnam Co Illinois

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. house wife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. home

25. Date (month and year) last engaged in this work ....., 19.....

26. Total time (years) spent in this work 1 years

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother none (At time of this birth and including this child) (a) Born alive and now living one (b) Born alive but now dead none (c) Stillborn none

29. If stillborn, period of gestation ..... { months or weeks

30. Cause of Stillbirth ..... { Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... (Born Alive or Stillborn) at ..... m. on the date above stated.

(Signed) Mrs Martha or Lizzie A Champlin

or ....., Midwife

Address .....

Filed Oct 7, 1940 Mae G Atwood Registrar.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report .....

(Date of) .....

Registrar.

Bureau of Vital Statistics

381 - 1 14.003 - 292

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of CALIFORNIA }
County of LOS ANGELES } ss.

AFFIDAVIT

(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Mrs. Martha or Lizzie Adell Kistler, being first duly sworn says that

is the Mother (Relationship of child)* of Maude Cecilia Champlin,

born Jan. 14, 1896, (Date of birth) at Putnam, Illinois, Idaho,

whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said Maude Cecilia Champlin

hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that she is the Mother, M. D., was the Midwife medical attendant at the birth of said and that the said ~~medical~~ attendant is Deceased (Now deceased (or) cannot be located)

Name of Affiant Mrs Martha or Lizzie Champlin

P. O. Address

Subscribed and sworn to before me this 1st day of October, 1940

S. L. Reinhart
Notary Public.

~~Residing~~ at my commission expires April 3 - 1943, ~~Idaho.~~

*** If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.**

299954

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
OCT 16 1940

CERTIFICATE OF BIRTH

Registration District No. _____ State File No. 299954

Prim. Registration District No. _____ Local Registrar's No. _____

1. PLACE OF BIRTH
County of Latah
City of Genesee, Idaho
No. _____ St. _____
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Edla Christina Pearson

3. Sex female | If plural births { 4. Twin, triplet, or other _____ 5. Number, in order of birth _____ | 6. Premature _____ Full term yes | 7. Legitimate? yes | 8. Date of birth Jan. 10, 1896 193_ (Month, Day, Year)

FATHER

9. Full name Nels Peter Pearson
10. Residence (usual place of abode) (If non-resident, give place and State) Genesee, Idaho
11. Color or race white | 12. Age at last birthday 41 (years)
13. Birthplace (city or place) (State or Country) Grefvie Skone, Sweden

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____
16. Date (month and year) last engaged in this work _____, 19_
17. Total time (years) spent in this work 20

MOTHER

18. Full maiden name Johanna Gustava [illegible]ruberg
19. Residence (usual place of abode) (If non-resident, give place and State) Genesee, Idaho
20. Color or race white | 21. Age at last birthday 32 (years)
22. Birthplace (city or place) (State or Country) Vesterjotland, Sweden

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. housewife
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____
25. Date (month and year) last engaged in this work _____, 19_
26. Total time (years) spent in this work _____

27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____

28. Number of children of this mother 7 (At time of this birth and including this child) (a) Born alive and now living 6 (b) Born alive but now dead 1 (c) Stillborn _____

29. If stillborn, period of gestation _____ { months or weeks | 30. Cause of stillbirth _____ { Before labor _____ During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ (Born Alive or Stillborn) at _____ m. on the date above stated.

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

(Signed) _____, M. D.
or _____, Midwife
Address _____

Give name added from a supplemental report _____ (Date of)

Filed Oct. 16, 1940 Mae G. Atwood Registrar.
Bureau of Vital Statistics

_____ Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD, N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

751-210-029-942

STATE OF IDAHO
BARZILLA W. CLARK, GOVERNOR

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

OCT 10 1940

State of ~~Idaho~~ Oregon }
County of ~~Latah~~ Multnomah } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Mrs. Johanna Pearson being first duly sworn says that she is the mother of Edla Christina Pearson
(Relationship of child)*

born Jan. 10, 1896 at Genesee, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that Mrs. Johanna Pearson desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said Edla Christina Pearson hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that M. D. was the Midwife medical attendant at the birth of said and that the said medical attendant is
(Now deceased (or) cannot be located)

Name of Affiant Mrs Johanna Pearson

P. O. Address 3122 N.E. 8th Ave. Portland Ore

Subscribed and sworn to before me this 17th day of August, 1938

Arthur R. Vieg
Notary Public.

My Comm. expires June 7-1940 Residing at Portland Oregon, ~~Idaho~~

*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

APR 2 0 19

819-354-001-469

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 299966
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH**
(a) County Ada (b) City Near Boise
(c) Street Address or R F.D No. Route #1
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home.....days.
In **THIS** county.....years.....months.....days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Ada
(c) City Boise, Idaho
(d) Street Address or R.F.D. No. R #1
(e) How long has **MOTHER** lived in Idaho? [illegible] yrs.
(f) Mother's mailing address Dead
3. **RESIDENCE OF FATHER** (city, state) Dead

4. **FULL NAME OF CHILD** Florence Hartley
5. Date of Birth (Month, day, year) March 4, 1896
6. Sex. Female
7. Twin or Triplet
If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy
9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** William Fulton Hartley
11. Color or Race White
12. Age at time of THIS birth 31 yrs.
13. Birthplace Iowa (City or town) (State or foreign country)
14. Exact Occupation
15. Industry or Business Farmer & Cattlemen

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Anna Lee Morrison
17. Color or Race White
18. Age at time of THIS birth 25 years
19. Birthplace McDonald County, Missouri (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3. (b) Born alive and now living 3.
(c) Born alive and now dead..... (d) Stillborn.....

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....(born alive, stillborn) at.....M. on the date and at the place stated above, and that personal particulars were furnished by.....(First name) (Last name), who is related to this child as.....(Mother, etc.)

Mae G. Atwood

26. (a) Oct. 16, 1940 (Date received) (b) Mae G. Atwood (Registrar's signature)

27. Given name added on.....by.....(Registrar's signature)

25. Attendant's **OWN signature**.....M.D. or.....(D.O., Midwife, etc.)
and address Date

State of Idaho
County of Ada
} ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Morris Hartley, being first duly sworn, say that I am related to (Related to (or) acquainted with) Florence Hartley (Name of person on certificate above) as Older brother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. Mary Freeman (Name of attendant at birth), who attended said birth now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Morris Hartley ..... Name

Eagle, Idaho ..... P. O. Address

Subscribed and sworn to before me on this 16th day of October, 1940

(SEAL) Agnes Dunn ..... Notary Public, residing at Boise, Ida.

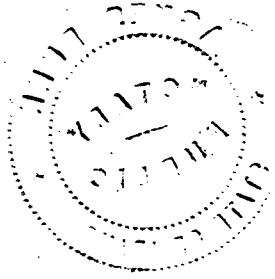
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 10 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



213-113-001-219

*Taken to mean at time of birth

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child) 300083 300083

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Ada (b) City Boise
(c) Street Address or R F D No. Grove St.
(d) Name of Hospital or Maternity Home: — (birth at home)
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home.....days.
In **THIS** county 4 years 1 months.....days.

* 2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Ada
(c) City Boise
(d) Street Address or R.F.D. No. Grove Street
(e) How long has **MOTHER** lived in Idaho? 4 yrs.
(f) Mother's mailing address Hallowell House, Wellesley (present) Mass

3. **RESIDENCE OF FATHER** (city, state) died 1914 Mass

4. **FULL NAME OF CHILD** William Balderston

5. Date of Birth (Month, day, year) 12/13/1896

6. Sex. Male

7. Twin or Triplet No

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** William Balderston

11. Color or Race White

12. Age at time of THIS birth 41 yrs.

13. Birthplace Colora (City or town) Maryland (State or foreign country)

14. Exact Occupation Editor Idaho Daily Statesman

15. Industry or Business none.

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Stella Burse Bain

17. Color or Race White

18. Age at time of THIS birth 32 years

19. Birthplace Mt. Pleasant (City or town) Ohio (State or foreign country)

20. Exact Occupation house-keeper (no employment)

21. Industry or Business none

22. Name prophylactic used to prevent Ophthalmia Neonatorum —

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 4 (c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....(born alive, stillborn) at.....M. on the date and at the place stated above, and that personal particulars were furnished by.....(First name) (Last name), who is related to this child as.....(Mother, etc.)

26. (a) 10-17-40 (Date received) (b) Mae G Atwood (Registrar's signature)

27. Given name added on.....by Statistics (Registrar's signature)

25. Attendant's **OWN signature**.....M.D. or (D.O., Midwife, etc.)
and address Date

State of.....
County of..... } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Stella B Balderston, being first duly sworn, say that I am related to (Related to (or) acquainted with) William Balderston (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. George Callister (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Stella B. Balderston
Name

Wellesley, Mass.
P. O. Address

Subscribed and sworn to before me on this 30th day of September 1940

(SEAL) Sarah A. Jameson Notary Public, residing at Wellesley Mass

My commission expires 5/10/46

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure ~~to report any birth~~ which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

362-229030-769

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **300148**
Local Reg. No.
Reg. Dist. No. 2116

1. **PLACE OF BIRTH:**
(a) County Lemhi (b) City Lemhi
(c) Street Address or R F D No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home.....days.
In **THIS** county 15 years.....months.....days.

RECEIVED
OCT 16 1940

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Lemhi
(c) City Lemhi
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 15 yrs.
(f) Mother's mailing address Lemhi, Idaho
3. **RESIDENCE OF FATHER** (city, state) Lemhi, Idaho

4. **FULL NAME OF CHILD** Tina Gaynelle Tobias
5. Date of Birth (Month, day, year) August 29, 1896
6. Sex. Female
7. Twin or Triplet No
If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Colon Secrates Tobias
11. Color or Race White
12. Age at time of THIS birth 37 yrs.
13. Birthplace Grand Isle, Vermont (City or town) (State or foreign country)
14. Exact Occupation Rancher
15. Industry or Business Rancher

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ada Jane Gorton
17. Color or Race White
18. Age at time of THIS birth 36 years
19. Birthplace West Ledi (City or town) Ohio (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business House wife

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 5 (c) Born alive and now dead 1 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 2 A. M. on the date and at the place stated above, and that personal particulars were furnished by Ada Gorton Tobias (First name) (Last name), who is related to this child as Mother (Mother, etc.)

26. (a) Oct 14 1940 (Date received) (b) Clio E Bellamy (Registrar's signature)

25. Attendant's **OWN signature** Deceased M.D. or (D.O., Midwife, etc.)
and address Date

27. Given name added on by (Registrar's signature)

State of Idaho }
County of Lemhi } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Ada Gorton Tobias, being first duly sworn, say that I am related (Related to (or) acquainted with) Tina Gaynelle Tobias (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. Jane Yearian (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Ada Gorton Tobias Name
Lemhi, Idaho P. O. Address

Subscribed and sworn to before me on this 12th day of October, 1940

(SEAL)

Maurice C. McBride Notary Public, residing at Salmon, Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

433-104 040 255

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

OCT 11 1940

State File No. **301150**
Local Reg. No. 45
Reg. Dist. No. 240

1. **PLACE OF BIRTH:**
(a) County Shoshone (b) City Wardner
(c) Street Address or R F D No.
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home.....days.
In **THIS** county 7 years ...months.....days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Ida (b) County Ida
(c) City Grangeville
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 44 yrs.
(f) Mother's mailing address Grangeville Ida.

3. **RESIDENCE OF FATHER** (city, state) Dead

4. **FULL NAME OF CHILD** Oliver Wendall Holmes Mc. Connell

5. Date of Birth (Month, day, year) 2-4-1896

6. Sex. M

7. Twin or Triplet

If so—born 1st, 2nd, 3rd 2nd,

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Robert James Mc. Connell

11. Color or Race W

12. Age at time of THIS birth 31 yrs.

13. Birthplace Ormand (City or town) Canada (State or foreign country)

14. Exact Occupation Farmer.

15. Industry or Business Farm

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Bennevies

17. Color or Race White

18. Age at time of THIS birth 25 years

19. Birthplace Lestoval Que. Canada. (City or town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business Home.

22. Name prophylactic used to prevent Ophthalmia Neonatorum none

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living.....
(c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 12 M. on the date and at the place stated above, and that personal particulars were furnished by Mary Mc. Connell (First name) (Last name), who is related to this child as Mother (Mother, etc.)

26. (a) Oct 5 - 1940 (Date received) (b) B Chapman (Registrar's signature)

27. Given name added on.....by.....
(Registrar's signature)

25. Attendant's **OWN signature**.....M.D. or.....
(D.O., Midwife, etc.)
and address Date

State of Idaho }
County of Idaho } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I Mary Mc. Connell, being first duly sworn, say that I am Related (Related to (or) acquainted with) to Oliver Wendall Holmes Mc. Connell (Name of person on certificate above) Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that physician and nurse (Name of attendant at birth), who attended said birth now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Mary M. Mc Connell Name

.....P. O. Address

Subscribed and sworn to before me on this 5th day of October 1940

(SEAL) T. S. Rothwell Notary Public, residing at Grangeville

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

BOTH DELAYED

dup of 1896-301212

592-21-1035 466

3-1225 301225

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 301225
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County. Nez Perce (b) City. Lewiston
(c) Street Address or R F D No. None
(d) Name of Hospital or Maternity Home: None
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home. no days.
In **THIS** county. 29 years months days.

RECEIVED OCT 21 1940

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State. Idaho (b) County. Nez Perce
(c) City. Lewiston
(d) Street Address or R.F.D. No. None
(e) How long has **MOTHER** lived in Idaho? 29 years
(f) Mother's mailing address. Lewiston, Idaho
3. **RESIDENCE OF FATHER** (city, state). Lewiston, Ida

4. **FULL NAME OF CHILD** Mary Ernestine Erb
5. Date of Birth (Month, day, year) Feb 11th, 1896
6. Sex. Female
7. Twin or Triplet No If so—born 1st, 2nd, 3rd None
8. No. months of Pregnancy Nine
9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** George E. Erb
11. Color or Race White
12. Age at time of THIS birth 30 yrs.
13. Birthplace Lafayatte County (City or town) Missouri (State or foreign country)
14. Exact Occupation Deputy Clerk of Court
15. Industry or Business None

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Elizabeth Dewd
17. Color or Race White
18. Age at time of THIS birth 29 years
19. Birthplace Pierce City (City or town) Idaho (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business None

22. Name prophylactic used to prevent Ophthalmia Neonatorum None
23. Number of children of this mother: (a) At time of birth and including this child. Two. (b) Born alive and now living. 1
(c) Born alive and now dead. 1 (d) Stillborn. None

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) Oct 21 1940 (Date received) (b) Mae D. Atwood (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

Attendant's **OWN signature** ..... M.D. or ..... (D.O., Midwife, etc.)
and address ..... Date

State of Idaho } ss.
County of Nez Perce }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, George E. Erb, being first duly sworn, say that I am Related as Father to (Related to (or) acquainted with) Mary Ernestine Erb (Name of person on certificate above) as Father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. C. W. Sheff (Name of attendant) who attended said birth as physician and Margaret Kittsmiller who attended (Name of attendant) at the said birth are both now dead (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

George E. Erb Name
Butler Building, Lewiston, Idaho. P. O. Address

Subscribed and sworn to before me on this 19th day of October, 1940

(SEAL) Robert H. Hupp Notary Public, residing at Lewiston, Idaho.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

Four copy issued 10/29/40 L. B.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

STATE OF Idaho)
) SS.
COUNTY OF Nez Perce)

AFFIDAVITS FOR CORRECTION OF A RECORD

George E. Erb of Lewiston, Idaho

Being first duly sworn, deposes and says that he is the Father
(if related, specify degree, if friend or otherwise, so state)

of Mary Ernestine Erb

who was born in the city of Lewiston, County of Nez Perce
(was born, died)

on the 11th day of Feb., 1936, as stated in a certificate of birth
birth or death

filed by Geo. E. Erb, father
(name of physician or midwife, or undertaker for death)

with the ~~Local~~ State Registrar for the city of _____, ~~County~~ State of Idaho

Idaho, on the 21st day of October, 19 40.

That the following facts set forth in said certificate are not correctly stated therein, to wit: Birthdate -- Feb. 11, 1936

That affiant upon His own knowledge states the true facts to be,
his, her

and the changes necessary to make the record correct are, as follows,

Correct birthdate -- 1896 February 11, 1896.

Affiant Geo E Erb

(SEAL)

Address Butler Building, Lewiston, Idaho

Subscribed and sworn to before me this 6th day of November 1940

W W Deming
Notary Public

STATE OF Idaho)
) SS.
COUNTY OF Nez Perce)

Geo. E. Erb of Lewiston, Idaho

being first duly sworn, deposes and says that he has knowledge of the facts hereinbefore alleged and that the said facts as stated are true.

Affiant Geo E Erb

Address Butler Building, Lewiston, Idaho.

Subscribed and sworn to before me this 6th day of November 1940

W W Deming
Notary Public for Idaho,
Residing at Lewiston, Idaho.

(Seal)

362-225-040-434

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child) 3 16 41

RECEIVED OCT 28 1940

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 301271
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:** (a) County Shoshone (b) City Wardner
(c) Street Address or R F D No.
(d) Name of Hospital or Maternity Home: Providence Home
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home .....days. In **THIS** county 9 years 4 months .....days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these) (a) State Idaho (b) County Shoshone (c) City Wardner (d) Street Address or R.F.D. No. (e) How long has **MOTHER** lived in Idaho? 9 yrs 3 yrs. (f) Mother's mailing address Wardner Ida.

3. **RESIDENCE OF FATHER** (city, state) " "

4. **FULL NAME OF CHILD** Genevieve Katherine Cosgriff

5. Date of Birth (Month, day, year) Aug. 25, 1896

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 mos

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** David Cosgriffe
11. Color or Race White
12. Age at time of THIS birth 40 yrs.
13. Birthplace Peterboro Ont. (City or town) (State or foreign country)
14. Exact Occupation Miner
15. Industry or Business Mining

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Annie Mc Mahon
17. Color or Race White
18. Age at time of THIS birth 38 years
19. Birthplace Newmarket (Co. Cork) Ireland (City or town) (State or foreign country)
20. Exact Occupation
21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3 (c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at ..... A.M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) Oct. 28 1940 (Date received) (b) Mae L. Atwood (Registrar's signature)

27. Given name added on ..... by Bureau of Vital Statistics (Registrar's signature)

25. Attendant's **OWN signature** ..... M.D. or ..... (D.O., Midwife, etc.) and address ..... Date

State of .....
County of ..... } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Annie Cosgriff, being first duly sworn, say that I am related to (Related to (or) acquainted with) Genevieve Katherine Cosgriff (Name of person on certificate above) as her mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Davis (Name of attendant at birth), who attended said birth cannot be located (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Annie Cosgriff Name
4428 West 15th Ave - Vancouver B.C. - Canada P. O. Address

Subscribed and sworn to before me on this 18th day of Oct. 1940.

(SEAL) My commission is perpetual. James Kerr Notary Public, residing at 4433 W. 11th Ave. Vancouver, B.C.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

one copy issued 10/30/40 L.B.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

A236220016 219

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

301591

NOV 9

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

1. PLACE OF BIRTH
County of Cassia
City of Albion
No. ..... St. .....
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Stokes, Hettie Deseret

3. Sex

If plural births { 4. Twin, triplet, or other ..... 5. Number, in order of birth .....

6. Premature ..... Full term X

7. Legitimate? X

8. Date of birth July 20, 1896 (Month, Day, Year)

FATHER

9. Full name Stokes, William Seber

10. Residence (usual place of abode) (If non-resident, give place and State) Albion

11. Color or race White 12. Age at last birthday 52 (years)

13. Birthplace (city or place) (State or Country) Sandy Creek Oswego Co New York

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farming

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. .....

16. Date (month and year) last engaged in this work ....., 19.....

17. Total time (years) spent in this work 16 yrs.

MOTHER

18. Full maiden name Barton, Esther Jane

19. Residence (usual place of abode) (If non-resident, give place and State) Albion

20. Color or race ..... 21. Age at last birthday 40 (years)

22. Birthplace (city or place) (State or Country) Parowan Iron Co Utah

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. .....

25. Date (month and year) last engaged in this work ....., 19.....

26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 9 (b) Born alive but now dead 1 (c) Stillborn .....

29. If stillborn, period of gestation ..... { months or weeks

30. Cause of stillbirth ..... { Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... at ..... m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report .....

(Date of) .....

Registrar.

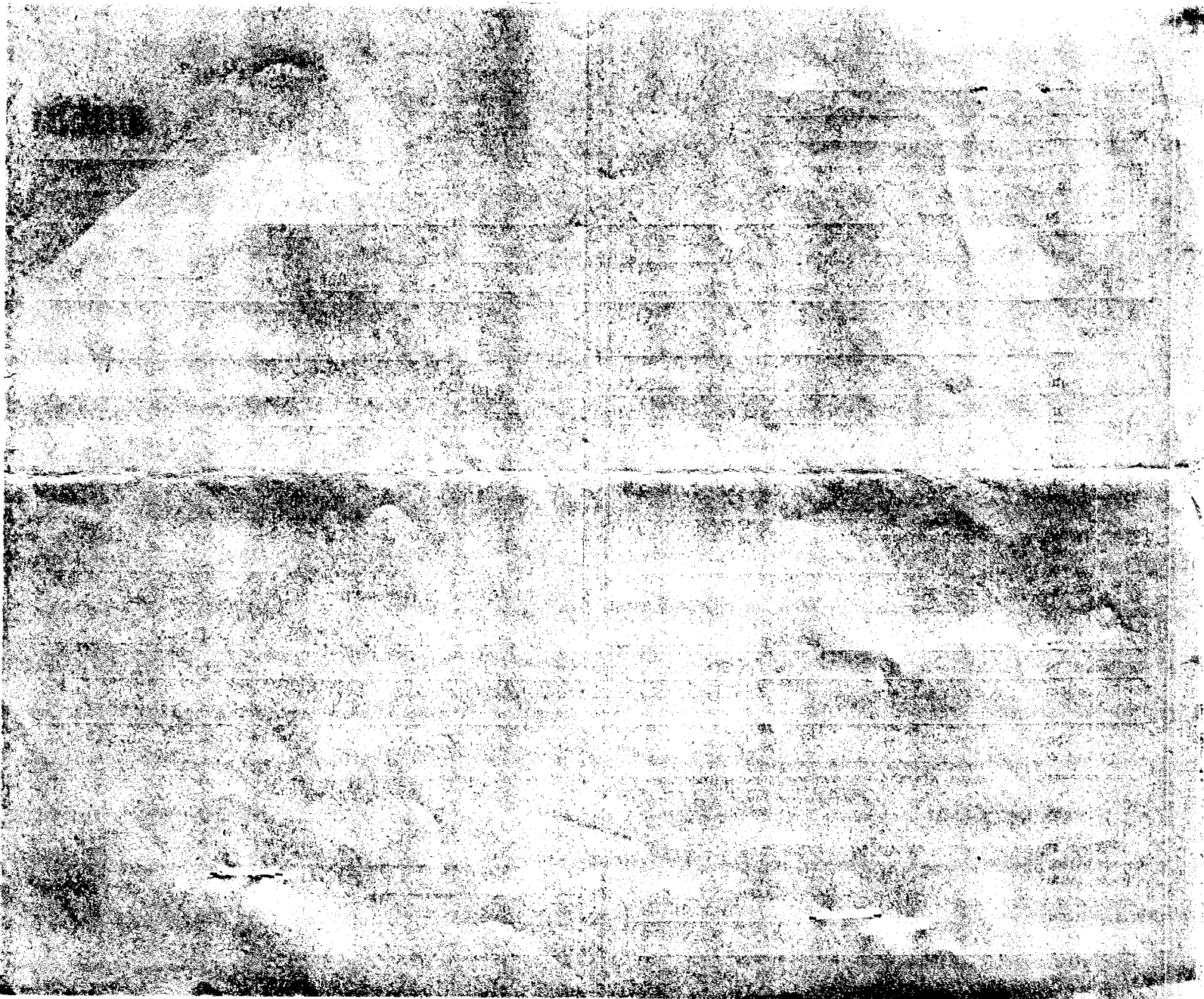
(Signed) ..... , M. D.

or ..... , Midwife

Address Mae G. Atwood

Filed Nov. 9, 1940, 193 Mae G. Atwood Registrar.

Bureau of Vital Statistics



STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of California
County of Los Angeles } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Esther Jane Stokes being first duly sworn says that

She is the Mother of Hettie Deseret Stokes
(Relationship of child)*

born July 20th 1896 (Date of birth) at Albion, Idaho,

whose certificate of birth is hereto attached, and that Esther Jane Stokes desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said Hettie Deseret Stokes

hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Dr Richard Story ~~M. D. was the Midwife~~ medical attendant at the birth of said Hettie Deseret Stokes and that the said medical attendant is (now deceased)
(Now deceased (or) cannot be located)

Name of Affiant Esther Jane Stokes

P. O. Address 1521 Gundry Ave Long Beach Calif

Subscribed and sworn to before me this 26th day of September, 19 40

Clark Bush
Notary Public.

Residing at Long Beach Calif., ~~Idaho.~~

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

Nov. 15, 1940 L.B.

466.15.035-068

30/755

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 301755
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH:**
(a) County Nez Perce (b) City Lawrenceburg
(c) Street Address or R F D No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
In **THIS** county ..... years ..... months ..... days.

NOV 27 1940

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Nez Perce
(c) City Lawrenceburg
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? ..... yrs.
(f) Mother's mailing address
3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** John Henry David
5. Date of Birth (Month, day, year) April 15, 1896
6. Sex.
7. Twin or Triplet
If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy
9. Legitimate? Yes

FATHER OF CHILD	MOTHER OF CHILD
10. **FULL NAME** Harry David	16. **FULL MAIDEN NAME** Mary A. Bayer
11. Color or Race White	17. Color or Race White
12. Age at time of THIS birth 29 yrs.	18. Age at time of THIS birth 19 years
13. Birthplace San Francisco (City or town) California (State or foreign country)	19. Birthplace Iowa (City or town) (State or foreign country)
14. Exact Occupation Farmer	20. Exact Occupation Housewife
15. Industry or Business own farm	21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) NOV 22 1940 (Date received) (b) Patricia Burke (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** ..... M.D. or ..... (D.O., Midwife, etc.)
and address ..... Date

State of Idaho }
County of Nez Perce } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Mary David, being first duly sworn, say that I am related to (Related to (or) acquainted with) John Henry David (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Johnson (Name of attendant at birth) was ~~attended said birth~~ in attendance (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Mary David Name

4337-4th N.W. Seattle, Washington Address

Subscribed and sworn to before me on this 26 day of November 1940.

(SEAL) Phil Weingarten Notary Public, residing at Lewiston Idaho

EX-OFFICIO AUDITOR AND RECORDER

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

234-20-1008-617

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

NOV 22 1940

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 302815
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County. Boise Co. (b) City. Van Wyck
(c) Street Address or R F D No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home.....days.
In **THIS** county.....years.....months.....days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State. Idaho (b) County. Boise
(c) City. Van Wyck
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 44 yrs.
(f) Mother's mailing address. deceased
3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Gretchen Stunz (~~Squires~~)
5. Date of Birth (Month, day, year) Feb. 1, 1896
6. Sex. Female
7. Twin or Triplet — If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Emil August Stunz
11. Color or Race White
12. Age at time of THIS birth 30 yrs.
13. Birthplace Germany (City or town) (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business deceased

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Johanna Wagner
17. Color or Race white
18. Age at time of THIS birth 28 years
19. Birthplace Germany (City or town) (State or foreign country)
20. Exact Occupation Farming
21. Industry or Business deceased

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child..... (b) Born alive and now living..... (c) Born alive and now dead..... (d) Stillborn.....

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....(born alive, stillborn) at.....M. on the date and at the place stated above, and that personal particulars were furnished by.....(First name) (Last name), who is related to this child as.....(Mother, etc.) Mae G. Atwood

26. (a) Nov. 22, 1940 (Date received) (b) Mae G. Atwood (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)
Bureau of Vital Statistics

25. Attendant's **OWN signature**.....M.D. or.....(D.O., Midwife, etc.)
and address Date

X State of Montana } ss.
County of Valley }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Bertha Stunz Russell, being first duly sworn, say that I am related to (Related to (or) acquainted with) Gretchen Stunz Squires as sister (Name of person on certificate above) (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that father (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Bertha Stunz Russell Name
Fortine Montana P. O. Address

Subscribed and sworn to before me on this 4th day of Oct., 1940

(SEAL) Melvin Bellew Notary Public, residing at Kalispell Mont.

April 27 1943

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Certified Copy issued Nov. 28, 1940. E.W.

557-210 029 763

302905

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. **PLACE OF BIRTH:**
(a) County Latah. (b) City Moscow.
(c) Street Address or R F D No.....
(d) Name of Hospital or Maternity Home: None.
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home.....days.
In **THIS** county.....years.....months.....days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State..... (b) County.....
(c) City.....
(d) Street Address or R.F.D. No.....
(e) How long has **MOTHER** lived in Idaho? 20 yrs.
(f) Mother's mailing address.....

3. **RESIDENCE OF FATHER** (city, state).....

4. **FULL NAME OF CHILD** Helene Gertrude Enger.

5. Date of Birth (Month, day, year) Sept. 10, 1896.

6. Sex. Female.

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy Nine.

9. Legitimate? Yes.

FATHER OF CHILD

10. **FULL NAME** Peter Anton Enger.
11. Color or Race White.
12. Age at time of THIS birth 35 yrs.
13. Birthplace Oslo (City or town) Norway. (State or foreign country)
14. Exact Occupation Farmer.
15. Industry or Business.....

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Sarah Abigail Lois Potter.
17. Color or Race White.
18. Age at time of THIS birth 21 years
19. Birthplace Brackinridge Missouri. (City or town) (State or foreign country)
20. Exact Occupation.....
21. Industry or Business Teacher.

22. Name prophylactic used to prevent Ophthalmia Neonatorum .....
23. Number of children of this mother: (a) At time of birth and including this child..... (b) Born alive and now living.....
(c) Born alive and now dead..... (d) Stillborn.....

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....(born alive, stillborn) at.....M. on the date and at the place stated above, and that personal particulars were furnished by.....(First name) (Last name), who is related to this child as.....(Mother) Mae G. Atwood

26. (a) Nov. 27, 1940 (Date received) (b) Mae G. Atwood (Registrar's signature)

25. Attendant's **OWN signature**.....M.D. or.....(D.O., Midwife, etc.)
and address Date

27. Given name added on.....by.....(Bureau of Vital Statistics)

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

State of Wash. }
County of Stevens } ss.

I, Lois Potter, being first duly sworn, say that I am Related (Related to (or) acquainted with) Helene Gertrude Enger (Name of person on certificate above) as Uncle, (My Mother's brother) (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Carothers (Name of attendant at birth), who attended said birth is deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

George P. Ave Name

P. O. Address

Subscribed and sworn to before me on this 8 day of Nov 1940

(SEAL) Mabel Enger Notary Public, residing at.....

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH A259-123 040-863

County of Shoshone

City of Wallace

No. Cedar St. St.

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DEC 2 1940

CERTIFICATE OF BIRTH 302981

Registration District No. ..... State File No. .....

Prim. Registration District No. 140 Local Registrar's No. 125

2. FULL NAME OF CHILD Roland Joseph Berner

3. Sex M. | If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... | 6. Premature ..... Full term yes | 7. Legitimate? yes | 8. Date birth Mar 23, 1896 (Month, Day, Year)

FATHER	MOTHER
9. Full name Peter Berner.	18. Full maiden name Anna M. Hollahan
10. Residence (usual place of abode) (If non-resident, give place and State) Wallace.	19. Residence (usual place of abode) (If non-resident, give place and State) Wallace
11. Color or race W	12. Age at last birthday 34 (years)	20. Color or race W.	21. Age at last birthday 32 (years)
13. Birthplace (city or place) (State or Country) Canada.	22. Birthplace (city or place) (State or Country) Iowa.
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Mining.	OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. H.W.
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.
16. Date (month and year) last engaged in this work ....., 19....	17. Total time (years) spent in this work	25. Date (month and year) last engaged in this work ....., 19....	26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother 3 (At time of this birth and including this child)
(a) Born alive and now living 3 (b) Born alive but now dead 0 (c) Stillborn 0

29. If stillborn, period of gestation ..... { months or weeks

30. Cause of Stillbirth ..... { During labor ..... Before labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... at 4 A. m. on the date above stated.
(Born Alive ~~or Stillborn~~)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report .....

(Date of) .....

Registrar.

(Signed) Dr Jenvwang, M. D.

or ....., Midwife

Address Wallace Idaho.

Filed Nov 26, 1940 John A Brown

Registrar.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

DEC 2 1940

State of CALIFORNIA
County of CONTRA COSTA } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

I PETER BERNIER being first duly sworn says that he is the Father (Relationship of child)* of Roland Joseph Berner born March 23 1896 (Date of birth) at Wallace, Idaho, whose certificate of birth is hereto attached, and that he desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said Roland Joseph Berner has not hereto attached are true and correct **as stated therein, and that this birth has not been previously recorded.**

Affiant further states that Dr Jennings, M. D., was the ~~Midwife~~ medical attendant at the birth of said Roland Joseph Berner and that the said medical attendant is deceased (Now deceased (or) cannot be located)

Name of Affiant Peter Berner

P. O. Address 586-6th Richmond Calif

Subscribed and sworn to before me this 30th day of September, 1940

R H Plate
Notary Public.

Residing at Richmond Calif., ~~Idaho.~~

*** If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.**

269-109 044-217

303062

United States
Department of Commerce
Bureau of the Census

DEC 6 1940

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. **PLACE OF BIRTH:**
(a) County Ada (b) City Hazelmere
(c) Street Address or R F D No. Post Office
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home.....days.
In **THIS** county.....years...5.....months.....days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State California (b) County San Francisco
(c) City San Francisco
(d) Street Address or R.F.D. No. 845 Missouri St
(e) How long has **MOTHER** lived in Idaho? 5 months
(f) Mother's mailing address.....

3. **RESIDENCE OF FATHER** (city, state).....

4. **FULL NAME OF CHILD** Walton Joseph Kornmann

5. Date of Birth (Month, day, year) Sunday Aug 9th 1896

6. Sex male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? Yes.

FATHER OF CHILD

10. **FULL NAME** Eugene Kornmann

11. Color or Race White

12. Age at time of THIS birth 36 yrs.

13. Birthplace Alsace Lorraine
(City or town) (State or foreign country)

14. Exact Occupation.....

15. Industry or Business Bond Salesman

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Catherine Florinda Bagley

17. Color or Race White

18. Age at time of THIS birth 20 years

19. Birthplace San Francisco Calif.
(City or town) (State or foreign country)

20. Exact Occupation.....

21. Industry or Business House wife

22. Name prophylactic used to prevent Ophthalmia Neonatorum .....

23. Number of children of this mother: (a) At time of birth and including this child One. (b) ~~Born alive and now living~~..... (c) ~~Born alive and now~~ dead..... (d) Stillborn..... First child

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date
(born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by.....
(First name) (Last name)
who is related to this child as.....
(Mother, etc.)

26. (a) Dec. 6, 1940 (Date received) (b) Mae G. Atwood (Registrar's signature)
Bureau of Vital Statistics

27. Given name added on.....by.....
(Registrar's signature)

25. Attendant's **OWN signature**.....M.D. or.....
(D.O., Midwife, etc.)
and address Date

State of California } ss.
County of Orange }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Catherine Bagley Smith, being first duly sworn, say that I am the mother of
(Related to (or) acquainted with)
Walton Joseph Kornmann
(Name of person on certificate above)
as
(State relationship or acquaintance)
, whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Matchette, who attended
(Name of attendant at birth)
said birth is now deceased and that this birth **has not been previously recorded.**
(Is now deceased (or) cannot be located)

Catherine Bagley Smith .....Name

Santa Ana .....P. O. Address

Subscribed and sworn to before me on this 4th day of December, 1940

(SEAL) H. E. Bradley .....Notary Public, residing at Santa Ana, Calif.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 5 1960

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

2 Certified copies issued Dec. 12, 1940. L.W.

155-229-004-235

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

303180

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. **PLACE OF BIRTH:**
(a) County Bear Lake (b) City Montpelier
(c) Street Address or R F D No.....
(d) Name of Hospital or Maternity Home:
Born at Home
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home.....days.
In **THIS** county.....years.....months.....days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Bear Lake
(c) City Montpelier
(d) Street Address or R.F.D. No.....
(e) How long has **MOTHER** lived in Idaho? [illegible] yrs.
(f) Mother's mailing address. Montpelier [illegible]

3. **RESIDENCE OF FATHER** (city, state) [illegible]

4. **FULL NAME OF CHILD** Edna Iva Jensen

5. Date of Birth (Month, day, year) Sept. 29-1896

6. Sex. Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Theodore Col Jensen
11. Color or Race white
12. Age at time of THIS birth 24 yrs.
13. Birthplace Lake Town Utah (City or town) (State or foreign country)
14. Exact Occupation Carpenter
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Nancy A Stephens
17. Color or Race white
18. Age at time of THIS birth 18 years
19. Birthplace Montpelier Idaho (City or town) (State or foreign country)
20. Exact Occupation House-Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum .....
23. Number of children of this mother: (a) At time of birth and including this child Two (b) Born alive and now living Two (c) Born alive and now dead ..... (d) Stillborn None

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....(born alive, stillborn) at.....M. on the date and at the place stated above, and that personal particulars were furnished by.....(Mother) Mrs. Leo Attendant now dead (First name) (Last name), who is related to this child as.....

26. (a) December 19, 1940 (Date received) (b) Mae G. Atwood (Registrar's signature)

27. Given name added by Bureau of Vital Statistics (Registrar's signature)

25. Attendant's **OWN signature**.....M.D. or.....(D.O., Midwife, etc.)
and address Date

State of Idaho }
County of Bear Lake } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Nancy A Stephens Jensen, being first duly sworn, say that I am ~~the mother~~ (Related to (or) acquainted with) related to Edna Iva Jensen (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. Leo Attendant (Name of attendant at birth) who attended said birth is now dead (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Nancy A Stephens Jensen Dr Peal Name
Montpelier, Idaho P. O. Address

Subscribed and sworn to before me on this 11th day of Dec, 1940

(SEAL) Chas E Rees Notary Public, residing at Montpelier Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Certified Copy issued Dec. 20, 1940. E.W.

133120030-843

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 303185
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Lemhi (b) City Gibbonsville
(c) Street Address or R.F.D No.
(d) Name of ~~Hospital or Maternity~~ Home: Residence
(e) Mother's stay **BEFORE** delivery: DEC 13 1940
In Hosp. or Mat. Home none days.
In **THIS** county 15 years 8 months 20 days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Oregon (b) County Lane
(c) City Eugene
(d) Street Address or R.F.D. No. 364 E 13th
(e) How long has **MOTHER** lived in Idaho? yrs.
(f) Mother's mailing address Eugene, Oregon
3. **RESIDENCE OF FATHER** (city, state) Deceased

4. **FULL NAME OF CHILD** John Walter Allan
5. Date of Birth (Month, day, year) Feb. 20, 1896
6. Sex male
7. Twin or Triplet
If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy
9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** John Franklin Allan
11. Color or Race White
12. Age at time of THIS birth 27 yrs.
13. Birthplace Helena, Montana. 11-21-1868
(City or town) (State or foreign country)
14. Exact Occupation Mining
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Margaret Daisy Hull
17. Color or Race White
18. Age at time of THIS birth 27 years
19. Birthplace Fort Scott, Kansas
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. ~~Industry or~~ Business Date of Birth 1-19-1869

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 4 (c) Born alive and now dead 1 (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date (born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.) Mrs. G. Atwood

26. (a) Dec. 13, 1940 (Date received) (b) Mae G. Atwood (Registrar's signature)

27. Given name Bureau of Vital Statistics (Registrar's signature)

25. Attendant's **OWN signature** M.D. or (D.O., Midwife, etc.)
and address Date

State of Oregon }
County of Lane } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Margaret Daisy Allan, being first duly sworn, say that I am related to (Related to (or) acquainted with) John Walter Allan (Name of person on certificate above) as his mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. McNevin (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Margaret Daisy Allan Name
364 East 13th St., Eugene, Oregon P. O. Address

Subscribed and sworn to before me on this 11th day of December, 1940

(SEAL) J. M. Allen Notary Public, residing at Eugene, Oregon
my commission expires: 10/15/'44

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Certified Copy issued Dec. 21, 1940. E.W.

683-119 025-816

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce
Bureau of the Census

RECEIVED DEC 20 1940

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 304264
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH: (a) County Idaho (b) City Rural near Harpster, Idaho
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery: In Hosp. or Mat. Home ____ days. In THIS county 0 years 6 month 9 days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State Idaho (b) County Idaho
(c) City Rural near Harpster
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 1 yrs.
(f) Mother's mailing address Harpster

3. RESIDENCE of FATHER (city, state): Rural near Harpster, Idaho

4. FULL NAME OF CHILD: Arthur Andrew Wyckoff

5. Date of Birth (Month, day, year): April 19, 1896

6. Sex: Male

7. Twin or Triplet: No — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy: 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME: Ira Wyckoff
11. Color or Race: White
12. Age at time of THIS birth: 26 yrs.
13. Birthplace: Dakota (City or town) (State or foreign country)
14. Exact Occupation: Laborer
15. Industry or Business: Farming

MOTHER OF CHILD

16. FULL MAIDEN NAME: Ida Elizabeth Hafer
17. Color or Race: White
18. Age at time of THIS birth: 21 yrs.
19. Birthplace: Pennsylvania (City or town) (State or foreign country)
20. Exact Occupation: Housewife
21. Industry or Business:

22. Name prophylactic used to prevent Ophthalmia Neonatorum: Silver nitrate
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2 (c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.) Mae G. Atwood

26. (a) Dec. 20, 1940 (Date received) (b) Mae G. Atwood (Registrar) Bureau of Vital Statistics

27. Given name added on ____ by ____ (Registrar's signature)

25. Attendant's OWN signature ____ M.D. (D.O., Midwife, etc.)
and address ____ Date ____

State of Washington
County of Spokane } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Mena M. Huefner, being first duly sworn, say that I am related to (Related to (or) acquainted with) Arthur Andrew Wyckoff (Name of person on certificate above) as aunt (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Magdalena Hafer (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Mena M Huefner Signature

Spokane, Washington P. O. Address

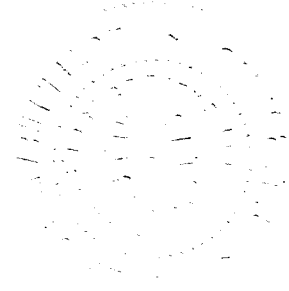
Subscribed and sworn to before me on this 18 day of Dec., 19 40

(SEAL) C Meid Notary Public, residing at Spokane

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Certified Copy issued Dec. 30, 1940. E.W.

315-229 010-249

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 304277
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Shoshone (b) City Wallace
(c) Street Address or R F D No. Canyon ave
(d) Name of Hospital or Maternity Home: Delivered Made at Home
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home.....days.
In **THIS** county.....years.....months.....days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Shoshone
(c) City Wallace
(d) Street Address or R.F.D. No. Canyon Ave
(e) How long has **MOTHER** lived in Idaho? 40 yrs.
(f) Mother's mailing address Wallace Ida.
3. **RESIDENCE OF FATHER** (city, state) Wallace Idaho

4. **FULL NAME OF CHILD** Zelda Langley
5. Date of Birth (Month, day, year) January 29-1896
6. Sex. Female
7. Twin or Triplet
If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy
9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Kellington Arthur Langley
11. Color or Race White
12. Age at time of THIS birth 40 yrs.
13. Birthplace Manchester, Wis. (City or town) (State or foreign country)
14. Exact Occupation Lumberman
15. Industry or Business Lumberman

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Linetta Smith
17. Color or Race White
18. Age at time of THIS birth 40 years
19. Birthplace Fairmont, Minn. (City or town) (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business House Wife

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 2
(c) Born alive and now dead 5 (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....(born alive, stillborn) at.....M. on the date and at the place stated above, and that personal particulars were furnished by.....(First name) (Last name), who is related to this child as (Mother) Mae G. Atwood

26. (a) Dec. 20, 1940 (Date received) (b) Mae G. Atwood (Registrar's signature)
Bureau of Vital Statistics

27. Given name added on.....by.....(Registrar's signature)

25. Attendant's **OWN signature**.....M.D. or.....(D.O., Midwife, etc.)
and address Date

State of Washington }
County of King } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Emma Jane Ramage, being first duly sworn, say that I am Related To (Related to (or) acquainted with) Zelda Langley (Name of person on certificate above) as Aunt (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my ~~knowledge~~. I further state that Dr Stone (Name of attendant at birth), who attended said birth, ~~is not~~ cannot be located (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Emma Jane Ramage Name
7214 15th Ave NE Seattle Wash. P. O. Address

Subscribed and sworn to before me on this.....day of December 1940

(SEAL) .....Notary Public, residing at Everett

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 3 1961

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Certified Copy issued Dec. 21, 1940. E.W.

United States
Department of Commerce
Bureau of the Census
235122001695

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **304306**
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Ada (b) City Boise
(c) Street Address or R F D No.
(d) Name of Hospital or Maternity Home: Private Home
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home.....days.
In **THIS** county.....years.....months.....days.

RECEIVED DEC 23 1940

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Ada
(c) City Boise
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 10 yrs.
(f) Mother's mailing address
3. **RESIDENCE OF FATHER** (city, state) Boise, Idaho

4. **FULL NAME OF CHILD** Heber Spencer Steen
5. Date of Birth (Month, day, year) Sept 22, 1896
6. Sex boy
7. Twin or Triplet
If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9 mo.
9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Daniel Morrison Steen
11. Color or Race white
12. Age at time of THIS birth 37 yrs.
13. Birthplace (City or town) St. John, (State or foreign country) New Brunswick Canada
14. Exact Occupation
15. Industry or Business Hardware Business Mfg.

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Harriet French
17. Color or Race white
18. Age at time of THIS birth 23 years
19. Birthplace (City or town) Bridgeport, (State or foreign country) Conn.
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child..... (b) Born alive and now living.....
(c) Born alive and now dead..... (d) Stillborn.....

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....(born alive, stillborn) at.....M. on the date and at the place stated above, and that personal particulars were furnished by.....(First name) (Last name), who is related to this child as.....(Mother) Mae G. Atwood

26. (a) Dec. 23, 1940 (Date received) (b) Mae G. Atwood (Registrar's signature)

27. Given name added from.....by Bureau of Vital Statistics (Registrar's signature)

25. Attendant's **OWN signature**.....M.D. or.....(D.O., Midwife, etc.)
and address Date

State of Washington }
County of King } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Harriet J. Steen, being first duly sworn, say that I am Stepmother (Related to (or) acquainted with) related to Heber Spencer Steen (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 130, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Sweet (Name of attendant at birth), who attended said birth deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Harriet J. Steen Name
2804 Kelsey St. Berkeley, Calif. P. O. Address

Subscribed and sworn to before me on this 19th day of December, 1940.

(SEAL) Faye L. McFarlane Notary Public, residing at Seattle

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Certified Copy issued Jan. 3, 1941. E.W.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH 43/610-037-315

County of Owyhee

City of Grand View

No. ..... St. Idaho

(If born in hospital or institution give name.)

DEC 2 1 1940

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

304324

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Louis Cass Lawrence

3. Sex Male | If plural births: 4. Twin, triplet, or other 0; 5. Number, in order of birth 0 | 6. Premature No; Full term Yes | 7. Legitimate? Yes | 8. Date of birth Nov 10, 1896 (Month, Day, Year)

FATHER

9. Full name Samuel Harison Lawrence

10. Residence (usual place of abode) (If non-resident, give place and State) Grand View

11. Color or race White | 12. Age at last birthday 38 (years)

13. Birthplace (city or place) (State or Country) Hoboken New Jersey

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. About 11 years

16. Date (month and year) last engaged in this work ....., 19.....

17. Total time (years) spent in this work 2 10 years

MOTHER

18. Full maiden name Nina Canady

19. Residence (usual place of abode) (If non-resident, give place and State) Grand View

20. Color or race White | 21. Age at last birthday 23 (years)

22. Birthplace (city or place) (State or Country) Marlow County South Carolina

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Farm Wife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. .....

25. Date (month and year) last engaged in this work ....., 19.....

26. Total time (years) spent in this work 11 years

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Not any

28. Number of children of this mother two (At time of this birth and including this child) (a) Born alive and now living 2. (b) Born alive but now dead 0. (c) Stillborn 0

29. If stillborn, period of gestation No months or weeks

30. Cause of stillbirth ..... Before labor ..... During labor 15 hours

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive (Born Alive or Stillborn) at 8 a. m. on the date above stated.

Mother

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) Nina Lawrence (Mother), M. D.

or Murphy, Midwife

Address Cambridge Idaho

Give name added from a supplemental report Aug 23 1940 (Date of)

Filed Dec. 21, 1940, 193.. Mae G. Atwood Registrar.

Registrar.

DEC 2 1 1940 Bureau of Vital Statistics

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of California
County of Los Angeles } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Nina Lawrence Murphy being first duly sworn says that Nina Lawrence is the Mother of Louis Cass Lawrence
(Relationship of child)*

born Nov 10 1896 at 8.15 a.m. at Grand View Owyhee Co., Idaho,
(Date of birth)

whose certificate of birth is hereto attached, ~~and that~~ I his Mother Nina Lawrence Murphy desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said Louis Cass Lawrence

hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that The Father Now deceased ~~M. D. was the Midwife~~

medical attendant at the birth of said Louis Cass Lawrence and that the said medical attendant is Unknown
(Now deceased (or) cannot be located)

Name of Affiant Nina Lawrence Murphy

P. O. Address Cambridge Idaho

Subscribed and sworn to before me this 31 day of October, 1940

Chas. F. Miller
Notary Public.

My Commission expires April 10, 1941

Residing at San Fernando, Calif., Idaho.

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

1/6/41 L. B.

AUG 10 1964
JUN 16 1964

766-216-022-282

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

DEC 26 1940

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 304352
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Fremont (b) City Menan
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Home of parents
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days. Full Term
In **THIS** county 13 years month days.

2. **USUAL RESIDENCE of MOTHER:** (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City Menan
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 13 yrs.
(f) Mother's mailing address Menan, Idaho

3. **RESIDENCE of FATHER** (city, state). Menan, Idaho

4. **FULL NAME OF CHILD** JANE BYBEE POOLE

5. Date of Birth (Month, day, year) July 16, 1896

6. Sex Female

7. Twin or Triplet No

If so—born 1st, 2nd, 3rd X

8. No. months of Pregnancy Nine

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Charles William Poole
11. Color or Race White Anglo-Saxon
12. Age at time of THIS birth 26 yrs.
13. Birthplace Ogden, (City or town) Utah (U.S.A.) (State or foreign country)
14. Exact Occupation Stationary Engineer
15. Industry or Business Wage earner

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Elizabeth Bybee
17. Color or Race White Anglo-Saxon
18. Age at time of THIS birth 26 yrs.
19. Birthplace Smithfield, (City or town) Utah (U.S.A.) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business House wife

22. Name prophylactic used to prevent Ophthalmia Neonatorum Not known
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1 (c) Born alive and now dead None (d) Stillborn None

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) Dec. 26, 1940 (Date received) (b) Mae G. Atwood (Registrar's signature)

27. Given name added on ..... by Bureau of Vital Statistics (Registrar's signature)

25. Attendant's **OWN signature** ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of Idaho
County of Madison } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Elizabeth Bybee Poole, being first duly sworn, say that I am related to (Related to (or) acquainted with) Jane Bybee Poole (Name of person on certificate above) as her mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Harriet Dabell (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Elizabeth Bybee Poole Signature

Rexburg, Idaho P. O. Address

Subscribed and sworn to before me on this 23rd day of December, 19 40

(SEAL) Dana Notary Public, residing at Rexburg, Idaho

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

266-214 001-297

304412

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 304412
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Ada (b) City Meridian
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
In **THIS** county ..... years ..... month ..... days.

2. **USUAL RESIDENCE of MOTHER:** (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Meridian
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? ..... yrs.
(f) Mother's mailing address

3. **RESIDENCE of FATHER** (city, state):

4. **FULL NAME OF CHILD** Mary Mabel Bowman

5. Date of Birth (Month, day, year) Apr. 14, 1896

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Henry Franklin Bowman
11. Color or Race white
12. Age at time of THIS birth 38 yrs.
13. Birthplace Illinois (City or town) (State or foreign country)
14. Exact Occupation Blacksmith
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Dolly Mabel Krigbaum
17. Color or Race white
18. Age at time of THIS birth 29 yrs.
19. Birthplace Springfield, Illinois (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3 (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) Jan. 20, 1941 (Date received) (b) Clyde A. Bridger Acting (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of Idaho
County of Ada } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Anne Maxon, being first duly sworn, say that I am related (Related to (or) acquainted with) Mary Mabel Bowman (Name of person on certificate above) as Sister (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that midwife in attendance (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Anne Maxon Signature

Rt. 6, Boise, Idaho P. O. Address

Subscribed and sworn to before me on this 20 day of January, 19 41

(SEAL) Ross C. Jacobs Notary Public residing at Boise, Ida

JUL 15 1944

1/20/41 I. B.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

847/31/040-569

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

JAN 9 1941

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 304588
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Shoshone (b) City Murray
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
our Residence - Log Cabin.
(e) Mother's stay **BEFORE** delivery:
In Hosp. or ~~Mat~~ Home Yes days 3 years
In **THIS** county years month days.

2. **USUAL RESIDENCE of MOTHER:** (At time of this birth)
(a) State Idaho (b) County Shoshone
(c) City Murray
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 3 yrs.
(f) Mother's mailing address Star Delivery

3. **RESIDENCE of FATHER** (city, state) Murray, Idaho

4. **FULL NAME OF CHILD** Albert Joseph Huguenin

5. Date of Birth (Month, day, year) Jan 31 1896.

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd 4th child

8. No. months of Pregnancy Full Term

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** John Omer Huguenin
11. Color or Race White
12. Age at time of THIS birth 36 yrs.
13. Birthplace Nice (City or town) France. (State or foreign country)
14. Exact Occupation Miner Gold.
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Matilda. Norton.
17. Color or Race White
18. Age at time of THIS birth 24 yrs.
19. Birthplace Hutchenson-Minn (City or town) (State or foreign country)
20. Exact Occupation Housewife mother
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living Yes (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was (born alive, ~~dead~~) at M. on the date and at the place stated above, and that personal particulars were furnished by Eulalia Norton (First name) (Last name), who is related to this child as Aunt (Mother, etc.)

26. (a) Jan. 9, 1941 (Date received) (b) Mae G. Atwood (Registrar's signature)

27. Given name added on by Mae G. Atwood (Registrar's signature)

25. Attendant's **OWN** signature Eulalia Norton aunt ~~M.D.~~ ~~(D.O., Midwife, etc.)~~
and address Thompson Falls Mont Date 12-23-1940

State of Montana
County of Sanders } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Eulalia Norton, being first duly sworn, say that I am related (Related to (or) acquainted with) as Aunt (State relationship or acquaintance) (Name of person on certificate above), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that (Name of attendant at birth), who attended said birth (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Eulalia Norton Signature
Thompson Falls, Mont P. O. Address

Subscribed and sworn to before me on this 23 day of Dec. 19 40

(SEAL) Harold G. Wegner Notary Public, residing at Thompson Falls
My Comm. exp. Dec. 5, 1942

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

1/15/47/ EA

866120022

United States Department of Commerce
Bureau of the Census

168

(Be sure the information is as of date of birth of THIS child)

JAN 10 1941

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 304632

Local Reg. No.

Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Fremont (b) City Chester
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Home Stead
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
In **THIS** county ..... years ..... month ..... days.

2. **USUAL RESIDENCE of MOTHER:** (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City Chester
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? [redacted] yrs.
(f) Mother's mailing address 23 W. 2nd east

3. **RESIDENCE of FATHER** (city, state): Rexburg Ida

4. **FULL NAME OF CHILD** Burgess Warner Howard

5. Date of Birth (Month, day, year) March 20, 1896

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Don Carlos Howard
11. Color or Race White
12. Age at time of THIS birth 40 yrs.
13. Birthplace Pleasant grove Utah (City or town) (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Annie M. M. Johnson
17. Color or Race White
18. Age at time of THIS birth 25 yrs.
19. Birthplace Mt Pleasant, Utah (City or town) (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business Farming

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 4
(c) Born alive and now dead 1 (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) ..... (Date received) (b) Ethel A Bridger (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of Idaho }
County of Madison } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

Annie M. M. Howard, being first duly sworn, say that I am mother of Burgess Warner (Related to (or) acquainted with)
(Name of person on certificate above) (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Grandma Hammond who attended said birth (Name of attendant at birth) is now deceased and that this birth **has not been previously recorded.**
(Is now deceased (or) cannot be located)

Annie M. M. Howard Signature

23 North 2nd East Rexburg Idaho P. O. Address

Subscribed and sworn to before me on this 9th day of January 1941

(SEAL) Daniel Rinks Notary Public, residing at Rexburg

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 6 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

867 203 029 433

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

JAN 15 1941

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 304721
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Latah (b) City Crane Creek
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
In **THIS** county ..... years ..... month ..... days.

2. **USUAL RESIDENCE of MOTHER:** (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Crane Creek
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? ..... yrs.
(f) Mother's mailing address

3. **RESIDENCE of FATHER** (city, state):

4. **FULL NAME OF CHILD** Ina Inez Hopkins

5. Date of Birth (Month, day, year) Mar. 3, 1896

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Thomas Lafayette Hopkins
11. Color or Race White
12. Age at time of THIS birth 29 yrs.
13. Birthplace Tecumseh (City or town) Kansas (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Dora Ellen McCown
17. Color or Race White
18. Age at time of THIS birth 25 yrs.
19. Birthplace Willamette Valley, Oregon (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) 1/22/41 (Date received) (b) Clyde A. Bridger Acting (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of Washington
County of Lewis } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, George Marvin Hopkins, being first duly sworn, say that I am Related to (Related to (or) acquainted with) Ina Inez Hopkins (Name of person on certificate above) as Brother male 18 (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Williams (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

George Marvin Hopkins Signature

..... P. O. Address

Subscribed and sworn to before me on this 9th day of Jan, 1941

(SEAL)

..... Notary Public, residing at CENTRALIA, WASH.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1/22/41 L. E.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

25510(?) 014451 RECEIVED

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce Bureau of the Census

JAN 16 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 304742

Local Reg. No.

Reg. Dist. No.

1. **PLACE OF BIRTH:**
   (a) County Canyon (b) City Caldwell
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mother's stay **BEFORE** delivery:
   In Hosp. or Mat. Home ..... days.
   In **THIS** county ..... years ..... month ..... days.

2. **USUAL RESIDENCE of MOTHER:** (At time of this birth)
   (a) State Idaho (b) County Canyon
   (c) City Caldwell
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 14 yrs.
   (f) Mother's mailing address Caldwell

3. **RESIDENCE of FATHER** (city, state) Caldwell Idaho

4. **FULL NAME OF CHILD** Cecil Clark Benson

5. Date of Birth (Month, day, year) March 9th 1896

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Clark Benson
11. Color or Race White
12. Age at time of THIS birth 29 yrs.
13. Birthplace Wingville (City or town) Oregon (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Charlotte Frances Healy Benson
17. Color or Race White
18. Age at time of THIS birth 25 yrs.
19. Birthplace Greeley (City or town) Colorado (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child Four (b) Born alive and now living three (c) Born alive and now dead one (d) Stillborn one

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) JAN 16 1941 (Date received) (b) Clyde A. Bridger (Registrar's signature)

27. Given name added on ..... by Acting (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of Idaho
County of Owyhee } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Frances Benson, being first duly sworn, say that I am related to (Related to (or) acquainted with) Cecil Clark Benson (Name of person on certificate above) as his mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Isham (Name of attendant at birth), who attended said birth is deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Frances Benson Signature

Homedale, Ida. P. O. Address

Subscribed and sworn to before me on this 16th day of January, 1941

(SEAL) Marian D. Stafford Notary Public, residing at Marsing

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Certified Copy Issued Jan. 22, 1941. E.W.

415-105 008-251

304778

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 304778
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Boise (b) City Roseberry
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ____ days.
In **THIS** county ____ years ____ month ____ days.

2. **USUAL RESIDENCE of MOTHER:** (At time of this birth)
(a) State Idaho (b) County oise
(c) City Roseberry
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? ____ yrs.
(f) Mother's mailing address
3. **RESIDENCE of FATHER** (city, state): Roseberry, Ida.

4. **FULL NAME OF CHILD** Roscoe R. Davis
5. Date of Birth (Month, day, year) May 5, 1896
6. Sex Male
7. Twin or Triplet — If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy
9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** David S. Davis
11. Color or Race white
12. Age at time of THIS birth 43 yrs.
13. Birthplace Ohio (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Rosabelle Beal
17. Color or Race white
18. Age at time of THIS birth 35 yrs.
19. Birthplace Iowa (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 9th (b) Born alive and now living 8 (c) Born alive and now dead 1 (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 4:00 P.M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

26. (a) Jan. 23, 1941 (Date received) (b) Clyde A. Bridger Acting (Registrar's signature)

27. Given name added on ____ by ____ (Registrar's signature)

25. Attendant's **OWN signature** ____ M.D. (D.O., Midwife, etc.)
and address ____ Date

State of Idaho
County of Ada } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Mrs. F. C. McFall, being first duly sworn, say that I am Related to (Related to (or) acquainted with) Roscoe R. Davis (Name of person on certificate above) as Older Sister (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. Keeny (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Mrs F. C. McFall ✓ Signature

Route #3, Boise, Idaho P.O. Address

Subscribed and sworn to before me on this 23rd day of January, 1941.

(SEAL) Agnes W. Dunn Notary Public, residing at Boise, Ida.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1/23/41 L. B.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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86K-110-040-168

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 305934
Local Reg. No.
Reg. Dist. No.

JAN 17 1941

1. **PLACE OF BIRTH:**
(a) County (b) City Wallace
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: St Alexius
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ✓ days.
In THIS county 7 years month days.

2. **USUAL RESIDENCE of MOTHER:** (At time of this birth)
(a) State Idaho (b) County
(c) City Wallace
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 7 yrs.
(f) Mother's mailing address
3. **RESIDENCE of FATHER** (city, state): Wallace, Ida.

4. **FULL NAME OF CHILD** Gerald Engilbert Young
5. Date of Birth (Month, day, year) March 10-1896
6. Sex Male
7. Twin or Triplet No
If so—born 1st, 2nd, 3rd No
8. No. months of Pregnancy 9
9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Adolphus Francis Young
11. Color or Race White
12. Age at time of THIS birth 39 yrs.
13. Birthplace Hollidaysburg (City or town) Penna. (State or foreign country)
14. Exact Occupation Miner
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Harriett Johnson
17. Color or Race White
18. Age at time of THIS birth 19 yrs.
19. Birthplace Paisley (City or town) Ontario (State or foreign country) Canada
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum ✓
23. Number of children of this mother: (a) At time of birth and including this child One (b) Born alive and now living One
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (born alive/stillborn) at 6 am M. on the date and at the place stated above and that personal particulars were furnished by Harriett Johnson Young (First name) (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN signature** Harriett Darrell M.D. (Do not initial)
and address 924 Larkspur Road Oakland Calif (Street) (City) (State)

26. (a) JAN 7 1941 (Date received) (b) Clyde T. Bridger Acting (Registrar's signature)

27. Given name added on by (Registrar's signature)

State of California
County of Alameda CITY

STATE OF CALIFORNIA
AS. COUNTY OF SAN FRANCISCO

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Harriett Darrell, being first duly sworn, say that I am Related to (Related to (or) acquainted with) Gerald Engilbert Young (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws, and that the facts contained therein are true to the best of my knowledge. I further state that Doctor Chas Stone (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Harriett Darrell Signature
924 Larkspur Road Oakland, Calif. P. O. Address

Subscribed and sworn to before me on this 22nd day of Jan., 19 41

(SEAL) Elmer J. Sturgis Notary Public residing at

NOTARY PUBLIC CITY & COUNTY OF SAN FRANCISCO, CALIFORNIA MY COMMISSION EXPIRES JUL 3 1941

APR 16 1948

1/30/41 L. B.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

455-218.014-292

305968

305968

State File No. 305968

Local Reg. No.

Reg. Dist. No.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH:**
   (a) County Canyon (b) City Caldwell
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: Born at home
   (e) Mother's stay **BEFORE** delivery:
   In Hosp. or Mat. Home ..... days.
   In **THIS** county ..... years ..... month ..... days.

2. **USUAL RESIDENCE of MOTHER:** (At time of this birth)
   (a) State Idaho (b) County Canyon
   (c) City Caldwell
   (d) Street Address or R.F.D. No. 900 Albany
   (e) How long has **MOTHER** lived in Idaho? 5 yrs.
   (f) Mother's mailing address

3. **RESIDENCE of FATHER** (city, state): Caldwell, Ida.

4. **FULL NAME OF CHILD** Dorothy Elizabeth Dee

5. Date of Birth (Month, day, year) Jan. 18, 1896

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Sumner Williams Dee
11. Color or Race White
12. Age at time of THIS birth 33 yrs.
13. Birthplace Holton, (City or town) Kansas (State or foreign country)
14. Exact Occupation Clerk in Mercantile Store
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Isabel Bishop Dee
17. Color or Race White
18. Age at time of THIS birth 39 yrs.
19. Birthplace Chicago, (City or town) Ill. (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Argyrol
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2
    (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date (born alive, stillborn)
    and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) 2/5/41 (Date received) (b) Clyde A. Bridger Acting (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
    and address ..... Date .....

State of Idaho
County of Ada } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Isabel Bishop Dee, being first duly sworn, say that I am related (Related to (or) acquainted with)
Dorothy Elizabeth Dee (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Isham (Name of attendant at birth), who attended said birth is deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Isabel Bishop Dee Signature

2103 State St. Boise, Idaho P. O. Address

Subscribed and sworn to before me on this 5th day of Feb, 1941

(SEAL) A. F. Van Voorhis Notary Public, residing at Boise Idaho

2/5/41 L. E.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

21-115-039-419

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 305978
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Power (b) City American Falls
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: none
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home days. none
In **THIS** county 3 years month days.

2. **USUAL RESIDENCE of MOTHER:** (At time of this birth)
(a) State Idaho (b) County Power
(c) City American Falls
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 8 yrs.
(f) Mother's mailing address American Falls, Ida

3. **RESIDENCE of FATHER** (city, state): American Falls, Ida.

4. **FULL NAME OF CHILD** Frank Barrett Jr

5. Date of Birth (Month, day, year) March 15, 1896

6. Sex male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Edward Barrett

11. Color or Race White

12. Age at time of THIS birth 34 yrs.

13. Birthplace Ashton, near Manchester, England (City or town) (State or foreign country)

14. Exact Occupation Lime Burning

15. Industry or Business Same

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Alice Marsh

17. Color or Race White

18. Age at time of THIS birth 30 yrs.

19. Birthplace Stocksbridge, England (City or town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum none

23. Number of children of this mother: (a) At time of birth and including this child six (b) Born alive and now living six (c) Born alive and now dead three (d) Stillborn None

24. I HEREBY CERTIFY That I attended the birth of this child, who was (born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

26. (a) 2/10/41 (Date received) (b) Clyde K. Bridger Acting (Registrar's signature)

27. Given name added on by (Registrar's signature)

25. Attendant's **OWN** signature M.D. (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Cassia } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Alice Barrett, being first duly sworn, say that I am related to (Related to (or) acquainted with) Frank Barrett (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Sarah Stanger (Name of attendant at birth), who attended said birth deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Alice Barrett Signature

P. O. Address

Subscribed and sworn to before me on this 4th day of February, 19 41

(SEAL) Notary Public, residing at Albion, Ida.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

2/10/41 L. B.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

714-105-022-652

United States Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

FEB 4 1941

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 306186
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Fremont (b) City St Anthony
(c) Street Address or R F D No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home days.
In **THIS** county years months days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County
(c) City St Anthony
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 37 yrs.
(f) Mother's mailing address St Anthony
3. **RESIDENCE OF FATHER** (city, state) St Anthony

4. **FULL NAME OF CHILD** Findley William Paul
5. Date of Birth (Month, day, year) June 5 1896
6. Sex.
7. Twin or Triplet
If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Edmund Paul
11. Color or Race White
12. Age at time of THIS birth 56 yrs.
13. Birthplace (City or town) (State or foreign country)
14. Exact Occupation England
15. Industry or Business Butcher

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Ellen Westaver
17. Color or Race White
18. Age at time of THIS birth 31 years
19. Birthplace Washington County Utah (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living
(c) Born alive and now dead 2 (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was (born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

26. (a) FEB 4 1941 (Date received) (b) Clyde A. Bridger (Registrar's signature)

27. Given name added on by (Registrar's signature)

25. Attendant's **OWN signature** M.D. or (D.O., Midwife, etc.)
and address Date

State of California } ss.
County of Los Angeles }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Mary E. Paul, being first duly sworn, say that I am Related to (Related to (or) acquainted with) Findley William Paul (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Middleton (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Mary E. Paul Name
261 Fir St. Montebello Calif. P. O. Address

Subscribed and sworn to before me on this 1 day of February 1941

(SEAL) Clara M. Owens Notary Public, residing at Los Angeles, Calif.
my commission expires Nov. 28-1944

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

Certified copy issued 2-13-1941. dp

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

395-228-007-366

RECEIVED

FEB 5 1941

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 306207
Local Reg. No. 1
Reg. Dist. No. 410

1. **PLACE OF BIRTH:**
(a) County Blaine (b) City Humphrey
(c) Street Address or R F D No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home.....days.
In **THIS** county 6 years.....months.....days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Blaine
(c) City Humphrey
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 6 yrs.
(f) Mother's mailing address Humphrey, Idaho

3. **RESIDENCE OF FATHER** (city, state) Humphrey, Ida

4. **FULL NAME OF CHILD** Stella Grace Lietzke

5. Date of Birth (Month, day, year) 10-28-1896

6. Sex. Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** William Rudolph Lietzke
11. Color or Race white
12. Age at time of THIS birth 28 yrs.
13. Birthplace don't Know (City or town) Missouri (State or foreign country)
14. Exact Occupation Teamster
15. Industry or Business General Labor

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Rose Ellen Cook
17. Color or Race white
18. Age at time of THIS birth 19 years
19. Birthplace Hickory Co. (City or town) Missouri (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Home

22. Name prophylactic used to prevent Ophthalmia Neonatorum Agno3
23. Number of children of this mother: (a) At time of birth and including this child. 1 (b) Born alive and now living 1 (c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born Alive (born alive, stillborn) at 10:P M. on the date and at the place stated above and that personal particulars were furnished by Rose Donnelly (First name) (Last name), who is related to this child as Mother (Mother, etc.)

26. (a) 2-3-1941 (Date received) (b) Robert H. Wright (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** ..... M.D. or ..... (D.O., Midwife, etc.)
and address ..... Date

State of Idaho }
County of Blaine } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Rose Donnelly, being first duly sworn, say that I am Related to (Related to (or) acquainted with) Stella Grace Lietzke (Name of person on certificate above) Lietzke (State relationship or acquaintance) Mother, whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that My mother (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Mrs Rose Donnelly Name

P. O. Address

Subscribed and sworn to before me on this 3d day of February, 1941

(SEAL)

Joseph W. Bulla Notary Public, residing at Hailey, Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 20 1944

2/17/41 L. B.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

851-189-029537

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

FEB 6 1941

State File No. 306222
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Latah (b) City Kendrick
(c) Street Address or R.F.D. No. —
(d) Name of Hospital or Maternity Home: None
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home — days.
In **THIS** county 3 years — month — days.

2. **USUAL RESIDENCE of MOTHER:** (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Kendrick
(d) Street Address or R.F.D. No. —
(e) How long has **MOTHER** lived in Idaho? 3 yrs.
(f) Mother's mailing address Kendrick, Idaho

3. **RESIDENCE of FATHER** (city, state): Kendrick Ida

4. **FULL NAME OF CHILD** Charles Underwood Heady

5. Date of Birth (Month, day, year) Aug. 29, 1896

6. Sex Male

7. Twin or Triplet No

If so—born 1st, 2nd, 3rd —

8. No. months of Pregnancy 9

9. Legitimate? Yes.

FATHER OF CHILD

10. **FULL NAME** William S. Heady

11. Color or Race White

12. Age at time of THIS birth 32 yrs.

13. Birthplace Don't know (City or town) (State or foreign country)

14. Exact Occupation Farmer - Farm owner

15. Industry or Business Agriculture

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Nate Ellis

17. Color or Race White

18. Age at time of THIS birth 30 yrs.

19. Birthplace Fayettesville Arkansas (City or town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business Agriculture

22. Name prophylactic used to prevent Ophthalmia Neonatorum None

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2 (c) Born alive and now dead None (d) Stillborn None

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

26. (a) FEB 6 1941 (Date received) (b) Clyde A. Bridger Acting (Registrar's signature)

27. Given name added on ____ by ____ (Registrar's signature)

25. Attendant's **OWN signature** ____ M.D. (D.O., Midwife, etc.)
and address ____ Date

State of Washington
County of Columbia } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, John D. Ellis, being first duly sworn, say that I am related to (Related to (or) acquainted with) Charles Underwood Heady (Name of person on certificate above) as Uncle (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Louisa C. Ellis (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

John D. Ellis Signature

Dayton Wash P. O. Address

Subscribed and sworn to before me on this 5th day of February 1941

(SEAL) R. W. Wallace Notary Public, residing at Dayton, Wash

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Certified Copy Issued Feb. 17, 1941. B.M.

235-120-014-364

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

FEB 10 1941

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 306297
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH:
(a) County Canyon (b) City Caldwell
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home days.
In **THIS** county years month days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State Idaho (b) County Canyon
(c) City Caldwell
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 6 yrs.
(f) Mother's mailing address
3. RESIDENCE of FATHER (city, state):

4. FULL NAME OF CHILD Ancil Keppel Steunenberg
5. Date of Birth (Month, day, year) Jan. 20, 1896
6. Sex Male
7. Twin or Triplet
If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Albert Keppel Steunenberg
11. Color or Race white
12. Age at time of THIS birth 32 yrs.
13. Birthplace Iowa (City or town) (State or foreign country)
14. Exact Occupation Banker
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Carrie M. Coulter
17. Color or Race white
18. Age at time of THIS birth 30 yrs.
19. Birthplace Illinois (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2 (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

26. (a) FEB 10 1941 (Date received) (b) Clyde A. Bridger (Registrar's signature)
Acting

25. Attendant's **OWN signature** M.D. (D.O., Midwife, etc.)
and address Date

27. Given name added on by (Registrar's signature)

State of Idaho
County of Canyon } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Carrie M. Steunenberg, being first duly sworn, say that I am related to (Related to (or) acquainted with) Ancil Keppel Steunenberg (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that A. F. Isham M.D. (Name of attendant at birth), who attended said birth now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Carrie M. Steunenberg Signature
1701 Everett St., Caldwell, Idaho P. O. Address

Subscribed and sworn to before me on this 7th day of February 1941

(SEAL) J. D. Mumford Notary Public, residing at Caldwell Idaho

MAY 16

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Certified Copy issued Feb. 18, 1941. E.W.

731-210-014

306327

United States Department of Commerce
Bureau of the Census

FEB 18 1941

(Be sure the information is as of date of birth of THIS child)

State File No. 306327

CERTIFICATE OF BIRTH

STATE OF IDAHO

Local Reg. No.

Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Canyon (b) City Emmett
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At Home
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
In **THIS** county 13 years 6 month days.

2. **USUAL RESIDENCE of MOTHER:** (At time of this birth)
(a) State Idaho (b) County Canyon
(c) City Emmett
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 13 yrs.
(f) Mother's mailing address Emmett, Idaho

3. **RESIDENCE of FATHER** (city, state): Emmett, Ida.

4. **FULL NAME OF CHILD** Effie Idella Glass

5. Date of Birth (Month, day, year) November 10, 1896

6. Sex female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** John A. Glass
11. Color or Race White
12. Age at time of THIS birth 48 yrs.
13. Birthplace Ellsworth (City or town) Wisconsin (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Evaline Myers
17. Color or Race White
18. Age at time of THIS birth 41 yrs.
19. Birthplace Lickingville (City or town) Pennsylvania (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living 6
(c) Born alive and now dead 2 (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) Feb. 18, 1941 (Date received) (b) Lyde A. Bridges Acting (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of Idaho
County of Gem } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I Carrie Knox, being first duly sworn, say that I am related to (Related to (or) acquainted with) Effie Idella Glass (Name of person on certificate above) as Cousin (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Hattie Oakes (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Carrie Knox Signature

Emmett Ida P. O. Address

Subscribed and sworn to before me on this 17TH day of FEBRUARY, 1941

(SEAL)

Margaret Smoke Notary Public, residing at EMMETT, IDAHO

My Commission expires Oct. 13, 1944

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

2/18/41 L. E.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

743-101-001-556

306233

306333 306333

United States Department of Commerce
Bureau of the Census

RECEIVED FEB 19 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.

Local Reg. No.

Reg. Dist. No.

1. **PLACE OF BIRTH:** (a) County Ada (b) City Star
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
In **THIS** county ..... years ..... month ..... days.

2. **USUAL RESIDENCE of MOTHER:** (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Star
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 15 yrs.
(f) Mother's mailing address Star Idaho
3. **RESIDENCE of FATHER** (city, state): Star Idaho

4. **FULL NAME OF CHILD** Earl Pulliam
5. Date of Birth (Month, day, year) Sept 1 1896
6. Sex Son
7. Twin or Triplet
If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Ernest Pulliam
11. Color or Race White
12. Age at time of THIS birth 20 yrs.
13. Birthplace Sedalia (City or town) Missouri (State or foreign country)
14. Exact Occupation Farmer.
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Daisy Neff.
17. Color or Race White
18. Age at time of THIS birth 19 yrs.
19. Birthplace Burlington (City or town) Iowa (State or foreign country)
20. Exact Occupation House work.
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born (born alive, stillborn) at 2 P.M. on the date and at the place stated above, and that personal particulars were furnished by Mother (First name) (Last name), who is related to this child as (Mother, etc.)

26. (a) FEB 19 1941 (Date received) (b) Clyde A Bridge (Registrar's signature)

27. Given name added on by (Registrar's signature)

25. Attendant's **OWN signature** C W Tidd M.D. (D.O., Midwife, etc.)
and address Mendenhall Date

State of
County of } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, ..., being first duly sworn, say that I am ..... (Related to (or) acquainted with) ..... (Name of person on certificate above) as ..... (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ..... (Name of attendant at birth), who attended said birth ..... (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

.....Signature

.....P. O. Address

Subscribed and sworn to before me on this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

2/19/41 Z.J.

389-105-025-819

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce
Bureau of the Census FEB 13 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 306395
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Idaho (b) City Ranch home
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
In **THIS** county 1 years 1 month 5 days.

2. **USUAL RESIDENCE of MOTHER:** (At time of this birth)
(a) State Idaho (b) County Idaho
(c) City Ranch home 30 mi W. Emmett
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? one yrs.
(f) Mother's mailing address Hardin Montana

3. **RESIDENCE of FATHER** (city, state): Hardin Mont

4. **FULL NAME OF CHILD** Kenneth Wendell Christiansen
5. Date of Birth (Month, day, year) Mar. 5 1896
6. Sex boy
7. Twin or Triplet
If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Enoch Christiansen
11. Color or Race white
12. Age at time of THIS birth 27 yrs.
13. Birthplace Hyrum Utah (City or town) (State or foreign country)
14. Exact Occupation Stockraiser
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Theresa Hartvigsen
17. Color or Race white
18. Age at time of THIS birth 21 yrs.
19. Birthplace Hyrum Utah (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business none

22. Name prophylactic used to prevent Ophthalmia Neonatorum none
23. Number of children of this mother: (a) At time of birth and including this child one (b) Born alive and now living yes
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) FEB 13 1941 (Date received) (b) Clyde A. Bridger (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of Montana
County of Big Horn } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Theresa Christiansen, being first duly sworn, say that I am related to (Related to (or) acquainted with) Kenneth Wendell Christiansen (Name of person on certificate above), Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. Mary Bracket (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

X Theresa Christiansen Signature
Hardin Mont. P. O. Address

Subscribed and sworn to before me on this 11 day of February, 1941

(SEAL) X ..... Notary Public, residing at ..... Notary Public for the State of Montana Residing at Hardin, Montana

My Commission Expires June 6, 1942

cc 2/20/41 rmf

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

365-220-001-391

306417

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Ada (b) City Eagle
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home days.
In THIS county years month days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Eagle
(d) Street Address or R.F.D. No. 1
(e) How long has MOTHER lived in Idaho? yrs.
(f) Mother's mailing address
3. RESIDENCE of FATHER (city, state): Eagle, Idaho

4. FULL NAME OF CHILD Ella May Conway
5. Date of Birth (Month, day, year) December 20, 1896
6. Sex Female
7. Twin or Triplet
If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy
9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME William Henry Conway
11. Color or Race White
12. Age at time of THIS birth 30 yrs.
13. Birthplace Boise (City or town) Idaho (State or foreign country)
14. Exact Occupation Rancher
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Francis Elizabeth Brashears
17. Color or Race White
18. Age at time of THIS birth 25 yrs.
19. Birthplace Pike County (City or town) Missouri (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 1
(c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was (born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

26. (a) 2/15/41 (Date received) (b) Clyde A. Bridger (Registrar's signature)

27. Given name added on by (Registrar's signature)

25. Attendant's OWN signature M.D. (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Ada } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, W. H. Conway, being first duly sworn, say that I am related to (Related to (or) acquainted with) Ella May Conway (Name of person on certificate above) as Father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that not known (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

William H Conway Signature
Boise City Idaho Rt 1 P. O. Address

Subscribed and sworn to before me on this 15th day of Jan., 1941

(SEAL) Cora Haworth Notary Public, residing at Boise, Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 17 1960

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

249-126-001-766

United States
Department of Commerce
Bureau of the Census

FEB 18 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 306419
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Ada (b) City Boise
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home days.
In **THIS** county years month days.

2. **USUAL RESIDENCE of MOTHER:** (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Boise
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 18 yrs.
(f) Mother's mailing address
3. **RESIDENCE of FATHER** (city, state):

4. **FULL NAME OF CHILD** Newland Alfred Burns
5. Date of Birth (Month, day, year) May 26, 1896
6. Sex Male
7. Twin or Triplet
If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Charles Boyd Burns
11. Color or Race White
12. Age at time of THIS birth 26 yrs.
13. Birthplace Celinsgrove (City or town) Pa. (State or foreign country)
14. Exact Occupation Brakeman on Railroad
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Effie May Hunt
17. Color or Race White
18. Age at time of THIS birth 21 yrs.
19. Birthplace Missouri (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was (born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

26. (a) FEB 18 1941 (Date received) (b) Clyde A Bridges (Registrar's signature)

27. Given name added on by (Registrar's signature)

25. Attendant's **OWN** signature M.D. (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Ada } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Effie May Burns, being first duly sworn, say that I am Mother (Related to (or) acquainted with) Newland Alfred Burns (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Hailey (Name of attendant at birth), who attended said birth deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Effie May Burns Signature
P. O. Address

Subscribed and sworn to before me on this 18 day of Feb, 19 41

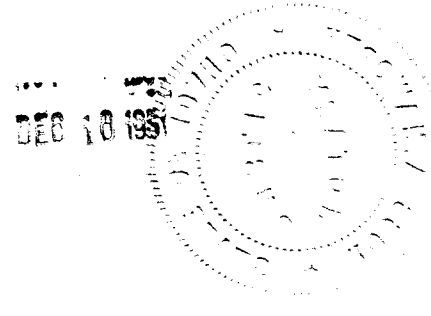
(SEAL) Ross A Haworth Notary Public, residing at Boise Ida

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



684-111-035-853

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

RECEIVED

CERTIFICATE OF BIRTH

STATE OF IDAHO

FEB 14 1941

State File No. 306449
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Nez Perce (b) City Lapwai
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home days.
In **THIS** county years month days.

2. **USUAL RESIDENCE of MOTHER:** (At time of this birth)
(a) State Idaho (b) County Nez Perce
(c) City Lapwai
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 15 yrs.
(f) Mother's mailing address Lapwai, Idaho

3. **RESIDENCE of FATHER** (city, state): " "

4. **FULL NAME OF CHILD** Vollie Le Roy Wyman

5. Date of Birth (Month, day, year) July 11, 1896

6. Sex male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Edward Alonzo Wyman
11. Color or Race white
12. Age at time of THIS birth 22 yrs.
13. Birthplace Knoxville (City or town) Illinois (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Rose Dallas Hechtner
17. Color or Race white
18. Age at time of THIS birth 21 yrs.
19. Birthplace Olney (City or town) Missouri (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 4
(c) Born alive and now dead 1 (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was (born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

26. (a) FEB 14 1941 (Date received) (b) Clyde A. Bridger Acting (Registrar's signature)

27. Given name added on by (Registrar's signature)

25. Attendant's **OWN** signature M.D. (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Nez Perce } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Rose D. Wyman, being first duly sworn, say that I am related to (Related to (or) acquainted with) Vollie LeRoy Wyman (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. G. H. Wyman (midwife) (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Rose D. Wyman Signature

Culdesac, Idaho P. O. Address

Subscribed and sworn to before me on this 13th day of February, 1941.

(SEAL) Ray E. Durham Notary Public, residing at Lewiston, Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

2/24/41 L. E.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

253-117009-986

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

FEB 17 1941

State File No. 306468
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Bonner (b) City Hope
(c) Street Address or R.F.D. No. no number
(d) Name of Hospital or Maternity Home: At Home
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
In **THIS** county 5 years month days.

2. **USUAL RESIDENCE of MOTHER:** (At time of this birth)
(a) State Idaho (b) County Bonner
(c) City Hope
(d) Street Address or R.F.D. No. no street no.
(e) How long has **MOTHER** lived in Idaho? 6 yrs.
(f) Mother's mailing address Hope, Idaho

3. **RESIDENCE of FATHER** (city, state).

4. **FULL NAME OF CHILD** Richard Coe Kelly

5. Date of Birth (Month, day, year) Jan 17 1896

6. Sex Male

7. Twin or Triplet Single If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Lucian William Kelly
11. Color or Race White
12. Age at time of THIS birth about 33 yrs.
13. Birthplace Ravenna Ohio (City or town) (State or foreign country)
14. Exact Occupation Switchman on
15. Industry or Business Northern Pacific R.R.

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Lizzie Rhodes
17. Color or Race White
18. Age at time of THIS birth 20 yrs.
19. Birthplace Aspinwall Nebraska (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum nothing done
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1
(c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 8 P. M. on the date and at the place stated above, and that personal particulars were furnished by Lizzie Bentley (First name) (Last name), who is related to this child as Mother (Mother, etc.)

26. (a) FEB 17 1941 (Date received) (b) ..... (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature Lizzie Bentley Mother M.D. (D.O., Midwife, etc.)
and address 1124 So Denny Court Spokane Wn. Date 2/15/41

State of Washington
County of Spokane } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I Lizzie Bentley, being first duly sworn, say that I am related to (Related to (or) acquainted with) Richard Coe Kelly (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr Leiburg (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Lizzie Bentley Signature
1124 So Denny Court, Spokane Wash. P.O. Address

Subscribed and sworn to before me on this 15 day of February, 1941

(SEAL)

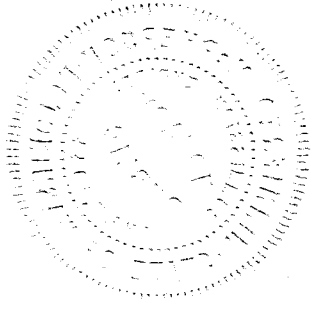
Winnifred Mac Kiernan Notary Public, residing at Spokane, Wash.
Commission Expires Aug 7-1944

cc 2/26/41 rnf

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



314-205-025-294

United States
Department of Commerce
Bureau of the Census

FEB 17 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 306478
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Idaho (b) City nr. Harpster
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
In **THIS** county years 8 month days.

2. **USUAL RESIDENCE of MOTHER:** (At time of this birth)
(a) State Idaho (b) County Idaho
(c) City nr. Harpster
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 8 mos. yrs.
(f) Mother's mailing address

3. **RESIDENCE of FATHER** (city, state): nr. Harpster, Idaho

4. **FULL NAME OF CHILD** Myrtle Rosetta Lamb

5. Date of Birth (Month, day, year) Nov. 5, 1896

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** William Irwin Lamb
11. Color or Race White
12. Age at time of THIS birth 22 yrs.
13. Birthplace California (City or town) (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Alice Melvina Kimball
17. Color or Race White
18. Age at time of THIS birth 17 yrs.
19. Birthplace Polk Co., Nebraska (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum This one
23. Number of children of this mother: (a) At time of birth and including this child one (b) Born alive and now living
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was (born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

26. (a) (Date received) (b) Clyde A. Bridger (Registrar's signature)

27. Given name added on by (Registrar's signature)

25. Attendant's **OWN** signature M.D. (D.O., Midwife, etc.)
and address Date

State of Washington
County of King } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Alice Kimball Lamb, being first duly sworn, say that I am related to (Related to (or) acquainted with) Myrtle Rosetta Lamb (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that the midwife (Name of attendant at birth), who attended said birth cannot be located (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Alice Kimball Lamb Signature

State of Washington, Isaquah, Rt. A, c/o Nelson Howell P. O. Address

Subscribed and sworn to before me on this 14th day of February, 1941

(SEAL) Edna F Cheney Notary Public, residing at Fall City, Wash.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

cc 2/25/41 rmf

419-24 001155

306510

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 306510
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH:
(a) County Ada (b) City Boise
(c) Street Address or R.F.D. No. 2
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay BEFORE delivery:
~~In Hosp. or Mat.~~ Home ..... days.
In THIS county 1 years 9 month 14 days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Boise
(d) Street Address or R.F.D. No. 2
(e) How long has MOTHER lived in Idaho? [illegible] yrs.
(f) Mother's mailing address Boise
3. RESIDENCE of FATHER (city, state): Boise

4. FULL NAME OF CHILD Madge Marcellus
5. Date of Birth (Month, day, year) Aug 14 1896
6. Sex Female
7. Twin or Triplet
If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy
9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Frank Marcellus
11. Color or Race White
12. Age at time of THIS birth 28 yrs.
13. Birthplace West Day (City or town) New York (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Libbie Van Ackery
17. Color or Race White
18. Age at time of THIS birth 25 yrs.
19. Birthplace Day (City or town) N.Y. (State or foreign country)
20. Exact Occupation School Teacher
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child ..... (b) Born alive and now living .....
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) ..... (Date received) (b) Clyde A Bridges (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of Idaho
County of Ada } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Frank Marcellus, being first duly sworn, say that I am Father (Related to (or) acquainted with) Madge Marcellus (Name of person on certificate above) as Father (State relationship or acquaintance), whose birth certificate appears above and that I desire to have the said birth recorded under Chapter 159, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that W. D. Stranger (Name of attendant at birth), who attended said birth deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Frank Marcellus Signature

Boise Idaho R.D. # 2 P. O. Address

Subscribed and sworn to before me on this 11 day of Feb, 19 41

(SEAL) Florence LaBelle Notary Public, residing at Boise Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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459-172 014658

307635

United States Department of Commerce Bureau of the Census

RECEIVED FEB 20 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.

Local Reg. No.

Reg. Dist. No.

1. **PLACE OF BIRTH:**
   (a) County Canyon (b) City Caldwell
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: Home of parents
   (e) Mother's stay **BEFORE** delivery:
   In Hosp. or Mat. Home ..... days.
   In **THIS** county ..... years ..... month ..... days.

2. **USUAL RESIDENCE of MOTHER:** (At time of this birth)
   (a) State Idaho (b) County Canyon
   (c) City Caldwell
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? ..... yrs.
   (f) Mother's mailing address

3. **RESIDENCE of FATHER** (city, state): Caldwell Idaho (8/22)

4. **FULL NAME OF CHILD** Forrest Rupert Merryman

5. Date of Birth (Month, day, year) Aug. 22 - 1896

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Albert Merryman
11. Color or Race White
12. Age at time of THIS birth 44 yrs.
13. Birthplace ..... (City or town) ..... (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Emily Hey
17. Color or Race White
18. Age at time of THIS birth 28 yrs.
19. Birthplace Independence Kansas (City or town) (State or foreign country)
20. Exact Occupation Housewife & mother
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum .....
23. Number of children of this mother: (a) At time of birth and including this child ..... (b) Born alive and now living ..... (c) Born alive and now dead ..... (d) Stillborn .....

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) FEB 20 '41 (Date received) (b) ..... (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** ..... M.D. (D.O., Midwife, etc.)
and address ..... Date .....

State of Idaho
County of Canyon } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Amelia E Shuee, being first duly sworn, say that I am Aunt of (Related to (or) acquainted with) Forrest Rupert Merryman (Name of person on certificate above) (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Hamilton (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Amelia E Shuee Signature

Caldwell Idaho P. O. Address

Subscribed and sworn to before me on this 15th day of February, 1941

(SEAL) Neel Wilson Notary Public, residing at Caldwell, Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

cc 2/26/41 rmf

417-102-028-289

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce
Bureau of the Census

RECEIVED MAR 3 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 307903
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Kootenai (b) City St. Maries
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at own home
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
In **THIS** county ..... years ..... month ..... days.

2. **USUAL RESIDENCE of MOTHER:** (At time of this birth)
(a) State Idaho (b) County Kootenai
(c) City St. Maries
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 10 yrs.
(f) Mother's mailing address

3. **RESIDENCE of FATHER** (city, state): Same

4. **FULL NAME OF CHILD** Arthur Benjamin Daggett

5. Date of Birth (Month, day, year) Nov. 2, 1896

6. Sex Male

7. Twin or Triplet No

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Mathew Hale Daggett
11. Color or Race White
12. Age at time of THIS birth 24 yrs.
13. Birthplace Vallejo (City or town) California (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Georgiana Brinker
17. Color or Race White
18. Age at time of THIS birth 20 yrs.
19. Birthplace Kansas (City or town) (State or foreign country)
20. Exact Occupation Housekeeper
21. Industry or Business Housekeeper

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1 (c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) MAR 3 1941 (Date received) (b) Clyde A. Bridger (Registrar's signature) Acting

25. Attendant's **OWN signature** ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

27. Given name added on ..... by ..... (Registrar's signature)

State of California
County of Los Angeles } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Mathew Hale Daggett, being first duly sworn, say that I am related to (Related to (or) acquainted with) Arthur Benjamin Daggett (Name of person on certificate above) as father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. Scott-midwife (Name of attendant at birth), who attended said birth is now deceased and that said birth has not been previously recorded.
(Show if deceased, not present or cannot be located)

Mathew Hale Daggett Signature

403 E. 109th Street, Los Angeles, Cal. P.O. Address

Subscribed and sworn to before me on this 1st day of February, 1941

WILLIAM H. HOSTLER
NOTARY PUBLIC
In and for the County of Los Angeles, State of California
My Commission Expires Aug. 15, 1943.

(SEAL)

William H. Hostler Notary Public, residing at Los Angeles Cal

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Certified Copy Issued 2/6/41. E.M.

449-215-040-369

307909

United States
Department of Commerce
Bureau of the Census

RE (Be sure the information is as of date of birth of THIS child)

MAR 3 1941

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. **PLACE OF BIRTH:**
(a) County Shoshone (b) City Burke
(c) Street Address or R F D No.....
(d) Name of Hospital or Maternity Home: at home residence
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home.....days.
In **THIS** county.....years.....months.....days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Shoshone
(c) City Burke
(d) Street Address or R.F.D. No.....
(e) How long has **MOTHER** lived in Idaho? 46 yrs.
(f) Mother's mailing address 320 Main s t

3. **RESIDENCE OF FATHER** (city, state) deceased

4. **FULL NAME OF CHILD** Mary Margaret Murphy

5. Date of Birth (Month, day, year) Aug. 15, 1896

6. Sex. female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** John Murphy
11. Color or Race white
12. Age at time of THIS birth 33 yrs.
13. Birthplace Carbonear (City or town) Newfoundland (State or foreign country)
14. Exact Occupation Miner
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Josephine Corbett
17. Color or Race white
18. Age at time of THIS birth 26 years
19. Birthplace Carbonear (City or town) Newfoundland (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum .....
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 3
(c) Born alive and now dead 4 (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (born alive, stillborn) at .....M. on the date and at the place stated above, and that personal particulars were furnished by Mary Josephine Murphy (First name) (Last name) who is related to this child as Mother (Mother, etc.)

26. (a) MAR 3 1941 (Date received) (b) Acting Clyde A. Bridger (Registrar's signature)

27. Given name added on.....by.....
(Registrar's signature)

25. Attendant's **OWN signature**.....M.D. or.....
(D.O., Midwife, etc.)
and address Date

State of Idaho
County of Shoshone } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Mrs. Mary J. Murphy, being first duly sworn, say that I am related to (Related to (or) acquainted with) Mary Margaret Murphy (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. V. Mucstell (Name of attendant at birth), who attended said birth Now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Mrs. Mary J. Murphy Name
320 Main street Kellogg Idaho P. O. Address

Subscribed and sworn to before me on this 21 day of Febr. 1941

(SEAL) Mary M. Stuart Notary Public, residing at Kellogg Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Certified Copy Issued 5/6/41. E.W.

693-102-014-417

RECEIVED
MAR 4 1941

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 307952
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH:
(a) County Canyon (b) City Payette
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home days.
In THIS county 6 years 8 month days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State Idaho (b) County Canyon
(c) City Payette
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 6 yrs.
(f) Mother's mailing address Payette Idaho
3. RESIDENCE of FATHER (city, state) Payette Idaho

4. FULL NAME OF CHILD John Edward Fitzgerald
5. Date of Birth (Month, day, year) May 2 1896
6. Sex Male
7. Twin or Triplet
If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME William Joseph Fitzgerald
11. Color or Race White
12. Age at time of THIS birth 39 yrs.
13. Birthplace Ballingaddy (City or town) Ireland (State or foreign country)
14. Exact Occupation Bridgelaborer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Elsie Magner
17. Color or Race White
18. Age at time of THIS birth 29 yrs.
19. Birthplace Ballylanders (City or town) Ireland (State or foreign country)
20. Exact Occupation Housewife.
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2
(c) Born alive and now dead X (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was (born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

26. (a) MAR 4 1941 (Date received) (b) Clyde A. Bridger (Registrar's signature)

25. Attendant's OWN signature M.D. (D.O., Midwife, etc.)
and address Date

27. Given name added on by (Registrar's signature)

State of Idaho
County of Payette } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Lenore Fitzgerald Wilkin being first duly sworn, say that I am related (Related to (or) acquainted with) John Edward Fitzgerald (Name of person on certificate above) as sister (State relationship or acquaintance), whose certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that not known (Name of attendant at birth), who attended said birth not known (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Lenore Fitzgerald Wilkin Signature
R#2 Payette Idaho P. O. Address

Subscribed and sworn to before me on this 3d day of March, 1941

(SEAL) C. P. Gundt Notary Public, residing at Muldoon County Ore

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

3/10/41 L. B.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

962-102-1035-341

308126

United States
Department of Commerce
Bureau of the Census

REG (Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

MAR 10 1941

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Nezperce (b) City Waha
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
In **THIS** county ..... years ..... month ..... days.

2. **USUAL RESIDENCE of MOTHER:** (At time of this birth)
(a) State Idaho (b) County Idaho
(c) City Waha
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? ..... yrs.
(f) Mother's mailing address Cottonwood, Idaho

3. **RESIDENCE of FATHER** (city, state): Cottonwood, Ida

4. **FULL NAME OF CHILD** Joe Lamon Roberts

5. Date of Birth (Month, day, year) May 2, 1896

6. Sex

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** Alex Roberts
11. Color or Race White
12. Age at time of THIS birth 28 yrs.
13. Birthplace St Paul, Minnesota (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Bertha Anna Craig
17. Color or Race White
18. Age at time of THIS birth 16 yrs.
19. Birthplace East Virginia (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 3 (c) Born alive and now dead 2 (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) MAR 10 1941 (Date received) (b) Clyde A. Bridger Acting (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of Idaho
County of Idaho } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Alex Roberts, being first duly sworn, say that I am related to (Related to (or) acquainted with) Joe Lamon Roberts (Name of person on certificate above) as father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. Schurburn (Name of attendant at birth), who attended said birth Probably deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Alex Roberts Signature

Cottonwood, Idaho P. O. Address

Subscribed and sworn to before me on this 8th day of March, 1941

(SEAL) Notary Public, residing at

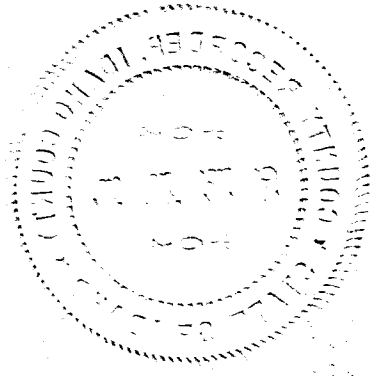
Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

OCT 1 4 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



993-212-035-283

United States
Department of Commerce
Bureau of the Census

RE

MAR 10 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 308132
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH**
(a) County Nez Perce (b) City Southwick
(c) Street Address or R F D No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home, days.
In **THIS** county 1/4 years months days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Ida (b) County Nez Perce
(c) City Southwick
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 10 yrs.
(f) Mother's mailing address Southwick
3. **RESIDENCE OF FATHER** (city, state) Southwick

4. **FULL NAME OF CHILD** Sophronia Frances Rice
5. Date of Birth (Month, day, year) 12-12-1896
6. Sex. F
7. Twin or Triplet
If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Thomas Marion Rice
11. Color or Race W
12. Age at time of THIS birth 23 yrs.
13. Birthplace Fayetteville (City or town) Ark (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Emma Vivian Sylvester
17. Color or Race W
18. Age at time of THIS birth 19 years
19. Birthplace Portland (City or town) Oregon (State or foreign country)
20. Exact Occupation Housework
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1
(c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 3 P M. on the date and at the place stated above, and that personal particulars were furnished by Thos M Rice (First name) (Last name), who is related to this child as father (Mother, etc.)

26. (a) 3/15/41 (Date received) (b) Clyde A. Bridger (Registrar's signature)
27. Given name added on — by (Registrar's signature)

25. Attendant's **OWN signature** E.E. Watts M.D. or (D.O., Midwife, etc.)
and address Gifford Ida Date 3-4-1941

State of Idaho }
County of Nez Perce } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, E.E. Watts, being first duly sworn, say that I am acquainted (Related to (or) acquainted with) Sophronia Frances Rice (Name of person on certificate above) as acquaintance (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that E.E. Watts (Name of attendant at birth), who attended said birth (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

E.E. Watts Name
Gifford Idaho P. O. Address

Subscribed and sworn to before me on this 4th day of March 1941

(SEAL) A Bruce Kersey Notary Public, residing at Lenore Ida

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

795-120-001433

United States Department of Commerce
Bureau of the Census

RECEIVED
MAR 12 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 308233
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Ada (b) City Boise
(c) Street Address or R.F.D. No. Lovers Lane
(d) Name of Hospital or Maternity Home: no hospital- own home
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ____ days. at own home
In **THIS** county ____ years ____ month ____ days.

2. **USUAL RESIDENCE of MOTHER:** (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Boise
(d) Street Address or R.F.D. No. Lovers Lane
(e) How long has **MOTHER** lived in Idaho? 5 yrs.
(f) Mother's mailing address Boise, Idaho

3. **RESIDENCE of FATHER** (city, state): Boise, Idaho

4. **FULL NAME OF CHILD** Harry C. Green

5. Date of Birth (Month, day, year) July 20-1896

6. Sex male

7. Twin or Triplet no

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** William J. Green
11. Color or Race white
12. Age at time of THIS birth 34 yrs.
13. Birthplace Fox Lake (City or town) Wisconsin (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Sarah Elizabeth McCoy Green
17. Color or Race White
18. Age at time of THIS birth 28 yrs.
19. Birthplace Pontiac, Illinois (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum none
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3 (c) Born alive and now dead none (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as Mother (Mother, etc.)

26. (a) MAR 12 1941 (Date received) (b) Clyde A. Bridger Acting (Registrar's signature)

25. Attendant's **OWN** signature ____ M.D. (D.O., Midwife, etc.)
and address ____ Date

27. Given name added on ____ by ____ (Registrar's signature)

State of Wyoming
County of Natrona } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Sarah E. McCoy Green, being first duly sworn, say that I am related (Related to (or) acquainted with) Harry C. Green (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Doctor Prossor (Name of attendant at birth), who attended said birth deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Sarah E McCoy Green Signature
414 East "F" Street, Casper, Wyo. P. O. Address

Subscribed and sworn to before me on this 7th day of March, 19 41

(SEAL) Notary Public, residing at Casper, Wyoming

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

3/17/41 L. B.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

635-109.0 10-962

RECEIVED

MAR 13 1941

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 308249
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH:
(a) County Bonneville (b) City Idaho Falls
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ..... days. At Home
In THIS county ..... years ..... month ..... days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State Idaho (b) County Bonneville
(c) City Idaho Falls
(d) Street Address or R.F.D. No. Can't Recall
(e) How long has MOTHER lived in Idaho? about 8 yrs.
(f) Mother's mailing address Idaho, Falls

3. RESIDENCE of FATHER (city, state): Idaho, Falls

4. FULL NAME OF CHILD Tom Fleming

5. Date of Birth (Month, day, year) 12-9-1896

6. Sex Male

7. Twin or Triplet No

If so—born 1st, 2nd, 3rd No

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME John H. Fleming
11. Color or Race White
12. Age at time of THIS birth 39 yrs.
13. Birthplace Illinois (City or town) (State or foreign country)
14. Exact Occupation Educator (Teacher)
15. Industry or Business Schools

MOTHER OF CHILD

16. FULL MAIDEN NAME Lottie, Rose
17. Color or Race White
18. Age at time of THIS birth 25 yrs.
19. Birthplace Illinois (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child One (b) Born alive and now living NONE
(c) Born alive and now dead (d) Stillborn None

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born Alive (born alive, stillborn) at 10 P M. on the date and at the place stated above, and that personal particulars were furnished by Mary Odel (First name) (Last name), who is related to this child as AUNT (Mother, etc.)

26. (a) MAR 13 1941 (Date received) (b) Clyde A. Bridges (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature Mrs. Mary Odel M.D. (D.O., Midwife, etc.)
and address ..... Date

State of Illinois
County of Cook } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Mary Odel, being first duly sworn, say that I am Related to (Related to (or) acquainted with) Tom Fleming (Name of person on certificate above) as Aunt on the Fathers side (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mary Odel (Name of attendant at birth), who attended said birth (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Mary Odel Signature

Chicago Ill 1612 Fourth Ave. P. O. Address

Subscribed and sworn to before me on this 7 th day of March, 19 41

(SEAL) W.T. Warner W.T. Warner Notary Public, residing at 953 W. Montana St Chicago, Illinois. My commission exp 5-16-42

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



cc 3/15/41 RHF

AFFIDAVIT

State of Illinois)
County of Cook) SS.

To whom it may concern.

I Mary Odel being first duly sworn ,say depose that I am the person who attended the birth of Tom Fleming. Who was born on the 12-9-1896 at 10 PM in the State of Idaho, Bonneville County, in Idaho Falls.

And I further State that I have administred all treatment and care to the said child named in the affidavit, to prevent any sickness or infection of any desease. And I further state that this birth has not been previously recorded. I further state that I am the next near relative to Tom Fleming.

Signature
P.O.Address

Subscribed and sworn to before me on this 7 th day of March 1941

W.T. Warner, Notary public,residing at 953 W. Montana Street Chicago, Cook County Illinois. My commission exp 5-6-42.

W. T. Warner

cc 3/12/41 WTW

612 - 105 - 022 - 356

United States Department of Commerce
Bureau of the Census

RECEIVED MAR 17 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 308285
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Fremont (b) City Dubois
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Own home at Dubois
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
In **THIS** county years month days.

2. **USUAL RESIDENCE of MOTHER:** (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City Dubois
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 5 yrs.
(f) Mother's mailing address
3. **RESIDENCE of FATHER** (city, state): Dubois Idaho

4. **FULL NAME OF CHILD** Henry Lewis Oakley
5. Date of Birth (Month, day, year) Sept 8th 1896
6. Sex Male
7. Twin or Triplet One
If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy
9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Charles Henry Oakley
11. Color or Race White
12. Age at time of THIS birth 35 yrs.
13. Birthplace Pennsylvania
(City or town) (State or foreign country)
14. Exact Occupation Rancher ~~Farmer~~
15. Industry or Business ~~Farming~~

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Martha Adaline Lewis
17. Color or Race White
18. Age at time of THIS birth 29 yrs.
19. Birthplace Richmond Utah
(City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2
(c) Born alive and now dead None (d) Stillborn None

24. I HEREBY CERTIFY That I attended the birth of this child, who was (born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

26. (a) MAR 17 1941 (Date received) (b) Clyde A. Bridger Acting (Registrar's signature)

27. Given name added on by (Registrar's signature)

25. Attendant's **OWN** signature M.D. (D.O., Midwife, etc.)
and address Date

State of Utah
County of Cache Co. } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Loretta Lewis Adamson, being first duly sworn, say that I am Related to (Related to (or) acquainted with) Henry Lewis Oakley (Name of person on certificate above) as Sister to Henry Lewis Oakley (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Sarah Jane Lewis, mid wife (Name of attendant at birth) who attended said birth (certified) is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Loretta Lewis Adamson Signature
33 - S - 2nd East - Brigham City Utah P. O. Address

Subscribed and sworn to before me on this 10th day of March, 1941

(SEAL) O. S. Hall Notary Public, residing at Richmond Utah

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

5/21/41 L. B.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

168-112-029-168

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 308297
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Latah (b) City Troy
(c) ~~Street Address or~~ R.F.D. No. 4
(d) Name of Hospital or Maternity Home: in home occupied by parents
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
In **THIS** county ..... years ..... month ..... days.

2. **USUAL RESIDENCE of MOTHER:** (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Troy
(d) ~~Street Address or~~ R.F.D. No. 4
(e) How long has **MOTHER** lived in Idaho? 1½ yrs.
(f) Mother's mailing address same

3. **RESIDENCE of FATHER** (city, state). Troy, Ida.

4. **FULL NAME OF CHILD** Joel August Johnson (babtized) (August Joel

5. Date of Birth (Month, day, year) Jan. 12, 1896.

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** John Johnson
11. Color or Race white
12. Age at time of THIS birth 34 yrs.
13. Birthplace Elsborgs Lan, Trolhattan Sweden (City or town) (State or foreign country)
14. Exact Occupation farming
15. Industry or Business

Same before marriage **MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Christina Johnson
17. Color or Race white
18. Age at time of THIS birth 36 yrs.
19. Birthplace Elsborgs Lan, Trolhattan Sweden (City or town) (State or foreign country)
20. Exact Occupation Housekeeping
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum unknown
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living yes
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) 3/10/41 (Date received) (b) Clyde A. Bridger Acting (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of Washington
County of Yakima } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Christina Johnson, being first duly sworn, say that I am related to (Related to (or) acquainted with) Joel August Johnson (Name of person on certificate above) as Mother of this child (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Majastina Larson (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Christina Johnson Signature

1704 Grant Ave, Yakima, Wash. P.O. Address

Subscribed and sworn to before me on this 7th day of March, 1941

(SEAL) Joe Leicht Notary Public, residing at Yakima, Wash.

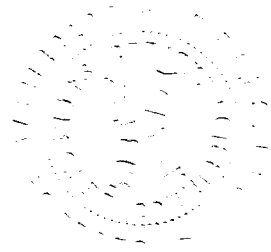
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

3/22/41 L. B.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



619-115-06-945

309281

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

MAR 20 1941

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Cassia (b) City Elba Ida.
(c) Street Address or R.F.D. No. non
(d) Name of Hospital or Maternity Home: Ranch Home
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home non days.
In **THIS** county years month days.

2. **USUAL RESIDENCE of MOTHER:** (At time of this birth)
(a) State Idaho. (b) County Cassia.
(c) City Elba
(d) Street Address or R.F.D. No. non
(e) How long has **MOTHER** lived in Idaho? born yrs.
(f) Mother's mailing address Burley Idaho.

3. **RESIDENCE of FATHER** (city, state) Same as above

4. **FULL NAME OF CHILD** Orson Eberhart Ward

5. Date of Birth (Month, day, year) June 6th 1896

6. Sex Male

7. Twin or Triplet no

If so—born 1st, 2nd, 3rd no

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** David Henry Ward

11. Color or Race White

12. Age at time of THIS birth 36 yrs.

13. Birthplace Willard City Utah
(City or town) (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business Farmer

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Cynthia Matilda Zundle

17. Color or Race White

18. Age at time of THIS birth 35 yrs.

19. Birthplace Willard City Utah
(City or town) (State or foreign country)

20. Exact Occupation Farmer's wife.

21. Industry or Business Farmer

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 4
(c) Born alive and now dead 2 (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was (born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

26. (a) MAR 19 1941 (Date received) (b) Mabel W Felder (Registrar's signature)

27. Given name added on by (Registrar's signature)

25. Attendant's **OWN signature** M.D. (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Cassia } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Cynthia Matilda Zundle Ward, being first duly sworn, say that I am related to (Related to (or) acquainted with) Orson Eberhart Ward (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. Nash (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Cynthia Matilda Zundle Ward Signature

P. O. Address

Subscribed and sworn to before me on this day of March, 1941

(SEAL) Murray W Tucker Notary Public, residing at Burley, Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

3/26/41 Z.J.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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847-106-022-966

United States Department of Commerce Bureau of the Census

RECEIVED MAR 21 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 309301

Local Reg. No.

Reg. Dist. No.

1. PLACE OF BIRTH:
(a) County Fremont (b) City Rea
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ____ days.
In THIS county 2 years ____ month ____ days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City Rea
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 10 yrs.
(f) Mother's mailing address Rea, Idaho

3. RESIDENCE of FATHER (city, state): Rea, Idaho

4. FULL NAME OF CHILD Henry Hudson

5. Date of Birth (Month, day, year) Feb. 6, 1896

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes.

FATHER OF CHILD

10. FULL NAME Dell Hudson
11. Color or Race White
12. Age at time of THIS birth 35 yrs.
13. Birthplace (City or town) (State or foreign country)
14. Exact Occupation San Bernardino, California
15. Industry or Business Laborer.

MOTHER OF CHILD

16. FULL MAIDEN NAME Stella Rachel Rowe
17. Color or Race White
18. Age at time of THIS birth 25 yrs.
19. Birthplace Mount Pleasant, Iowa (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None.
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 2
(c) Born alive and now dead 1 (d) Stillborn None

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

RECEIVED

26. (a) MAR 21 1941 (Date received) (b) Maud I Elder (Registrar's signature)

27. Given name added on ____ by ____ (Registrar's signature)

25. Attendant's OWN signature ____ M.D. (D.O., Midwife, etc.)
and address ____ Date ____

State of Oregon
County of Douglas } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Mrs. Stella Rachel Hudson, being first duly sworn, say that I am related to (Related to (or) acquainted with) Henry Hudson (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Thomas Turtin (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Mrs Stella Rachel Hudson Signature

Reedsport, Oregon P. O. Address
c/o Warren Waggoner.

Subscribed and sworn to before me on this 19 day of March, 1941

(SEAL) L L Smiley NOTARY PUBLIC Notary Public, Oregon at Reedsport, Oregon

MY COMMISSION EXPIRES SEPT. 8, 1943.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

366-117-016-962

RECEIVED

United States
Department of Commerce
Bureau of the Census

MAR 21 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 309311

Local Reg. No.

Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Cassia (b) City Little Basin
(c) Street Address or R.F.D. No. —
(d) Name of Hospital or Maternity Home: none
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home — days.
In **THIS** county 10 years month days.

2. **USUAL RESIDENCE of MOTHER:** (At time of this birth)
(a) State Idaho (b) County Cassia
(c) City Little Basin
(d) Street Address or R.F.D. No. —
(e) How long has **MOTHER** lived in Idaho? 16 yrs.
(f) Mother's mailing address Little Basin, Idaho

3. **RESIDENCE of FATHER** (city, state): Little Basin, Ida.

4. **FULL NAME OF CHILD** Leonard Cooper

5. Date of Birth (Month, day, year) Sept 17, 1896

6. Sex male

7. Twin or Triplet —

If so—born 1st, 2nd, 3rd —

8. No. months of Pregnancy 7½ mo.

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Lyman Jones Cooper
11. Color or Race White
12. Age at time of THIS birth 27 yrs.
13. Birthplace Oxford, Idaho (City or town) (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Delia Emily Roberts
17. Color or Race White
18. Age at time of THIS birth 22 yrs.
19. Birthplace Baker City, Oregon (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2
(c) Born alive and now dead 5 (d) Stillborn 1

24. I HEREBY CERTIFY That I attended the birth of this child, who was (born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

26. (a) MAR 21 1941 (Date received) (b) Mabel T. Felder (Registrar's signature)

27. Given name added on by (Registrar's signature)

25. Attendant's **OWN signature** M.D. (D.O., Midwife, etc.)
and address Date

State of Washington }
County of King } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Delia Emily Cooper, being first duly sworn, say that I am related to (Related to (or) acquainted with) Leonard Cooper (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above; and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Jeanette Haley (Name of attendant at birth), who attended said birth is deceased (If now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Delia Emily Cooper Signature

Route 2, Bellevue, Wash. P. O. Address

Subscribed and sworn to before me on this 18 day of March, 1941

(SEAL) Celia N. March Notary Public, residing at Seattle

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

3/26/41 Z.J.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 309363
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH**
(a) County Canyon (b) City Caldwell
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery: delivered at residence
In Hosp. or Mat. Home ..... days.
IN **THIS** county 50 years month days

2. **USUAL RESIDENCE of MOTHER** (At time of this birth)
(a) State Idaho (b) County Canyon
(c) City Caldwell
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 60 yrs.
(f) Mother's mailing address Caldwell

3. **RESIDENCE of FATHER** (city, state) Caldwell Idaho

4. **FULL NAME OF CHILD** Ray Siebenberg

5. Date of Birth (Month, day, year) June 19, 1896

6. Sex male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** William Siebenberg
11. Color or Race white
12. Age at time of THIS birth 40 yrs.
13. Birthplace Kessel (City or town) Germany (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ida Baker
17. Color or Race white
18. Age at time of THIS birth 26 yrs.
19. Birthplace Clinton (City or town) Iowa (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living yes
(c) Born alive and now dead none (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) Apr. 5, 1941 (Date received) (b) Mabel F. Elder (Registrar's signature)

27. Given name added on ..... by Mabel F Elder (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of Idaho
County of Canyon } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Ida Siebenberg, being first duly sworn, say that I am the mother (Related to (or) acquainted with) of the child (Name of person on certificate above) as above named (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Alfred Isham (Name of attendant at birth), who attended said birth of Ray Siebenberg and that this birth has not been previously recorded.
(Is now deceased (or) ~~cannot be located~~)

Ida Siebenberg Signature

P. O. Address

Subscribed and sworn to before me on this 5th day of April, 19 41

(SEAL) ..... Notary Public, residing at Nampa, Idaho

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

316-130-C-A-213

209370

309370

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 309370
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Ada (b) City Boise
(c) Street Address or R.F.D. No. 915 Idaho St.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home ..... days. IN **THIS** county ..... years ..... month ..... days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Boise
(d) Street Address or R.F.D. No. 915 Idaho St.
(e) How long has **MOTHER** lived in Idaho? 31 yrs.
(f) Mother's mailing address

3. RESIDENCE of FATHER (city, state)

4. FULL NAME OF CHILD Harry Regan Hawley

5. Date of Birth (Month, day, year) May 30, 1896

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME James Henry Hawley

11. Color or Race White

12. Age at time of THIS birth 50 yrs.

13. Birthplace Dubuque, (City or town) Iowa (State or foreign country)

14. Exact Occupation Attorney at Law

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Mary Elizabeth Bullock

17 Color or Race White

18. Age at time of THIS birth 41 yrs.

19. Birthplace New York, (City or town) New York (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living 6 (c) Born alive and now dead 2 (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) Apr. 8, 1941 (Date received) (b) Mabel F. Elder (Registrar's signature)

27. Given name added on ..... by Mabel F. Elder (Registrar's signature)

25. Attendant's **OWN signature** ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of Idaho, County of Ada. } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Jess Hawley, being first duly sworn, say that I am related to (Related to (or) acquainted with) Harry Regan Hawley (Name of person on certificate above) as brother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that L. C. Bowers, M.D. (Name of attendant at birth), who attended said birth is now deceased. (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Jess Hawley Signature

203 Main Street P. O. Address

Subscribed and sworn to before me on this 8th day of April, 19 41

(SEAL) Walter G. Bell Notary Public, residing at Boise, Idaho.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

914-104 014-849

United States Department of Commerce
Bureau of the Census

RECEIVED MAR 24 19[illegible]

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

309422

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. **PLACE OF BIRTH:**
(a) County Canyon (b) City Payette
(c) Street Address or R.F.D No.....
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home.....days.
In **THIS** county 13 years.....months.....days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Canyon
(c) City Payette
(d) Street Address or R.F.D. No.....
(e) How long has **MOTHER** lived in Idaho? 13 yrs.
(f) Mother's mailing address Payette, Idaho
3. **RESIDENCE OF FATHER** (city, state) Payette, Idaho

4. **FULL NAME OF CHILD** Lew Ellery Ramey
5. Date of Birth (Month, day, year) Dec 4, 1896
6. Sex. Male
7. Twin or Triplet —
If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** ~~Albert~~ ALFRED Harrison Ramey
11. Color or Race White
12. Age at time of THIS birth 28 yrs.
13. Birthplace Hutchinson, Minnesota (City or town) (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business Farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Lena May Hurd
17. Color or Race White
18. Age at time of THIS birth 22 years
19. Birthplace Rochelle, Illinois (City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum .....
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3
(c) Born alive and now dead none (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....(born alive, stillborn) at.....M. on the date and at the place stated above, and that personal particulars were furnished by.....(First name) (Last name), who is related to this child as.....(Mother, etc.)

26. (a) MAR 24 (Date received) (b) Mabel Y Felder (Registrar's signature)

27. Given name added on.....by.....(Registrar's signature)

25. Attendant's **OWN signature**.....M.D. or.....(D.O., Midwife, etc.)
and address Date

State of Idaho }
County of Payette } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Lena May Hurd Ramey, being first duly sworn, say that I am related to (Related to (or) acquainted with) Lew Ellery Ramey (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that D. J. Delano (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Lena May Hurd Ramey Name
R#1, Payette, Idaho P. O. Address

Subscribed and sworn to before me on this 28th day of September, 1940.

(SEAL) Glen L Dunn Notary Public, residing at Payette, Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

STATE OF IDAHO,)
) ss.
County of Payette.)

Lena May Hurd Ramey, of Payette, Idaho, Route #1, being first duly sworn on her oath, says: that she is the same person who made affidavit on September 23, 1940, before Helen F. Dunn, Notary Public for Idaho, Residing at Payette, Idaho, in the matter of the birth of her son, Lew Ellery Ramey, in which affidavit and certificate in connection therewith there are certain errors appearing and correction thereof is the purpose of this affidavit.

That question 10,- full name of father of said son, is shown therein to be Albert Harrison Ramey and is incorrect in that his true name was Alfred Harrison Ramey.

Question number 5,- date of birth of said son, is shown therein to have been December 4, 1897, whereas the correct date of said son's birth was December 4, 1896.

The copy of the affidavit following such certificate of birth indicates that affiant signed her name thereto as "Lena Mary Hurd Ramey", whereas in truth affiant's true name is Lena May Hurd Ramey.

That at the time of the execution of said affidavit these matters escaped the attention of affiant and the answers to said questions above referred to are/as herein stated.

Lena May Hurd Ramey

Subscribed and sworn to before me this 19th day of January, 1942.

W R McClure
Notary Public for Idaho,
Residing at Payette, Idaho.

165-111-026-962

309696

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

APR 4 1941

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Jefferson (b) City Rigby-1
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: no
(e) Mother's stay BEFORE delivery: In Hosp. or Mat. Home no days. IN THIS county years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Jefferson
(c) City Rigby
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 25 yrs.
(f) Mother's mailing address Rigby

3. RESIDENCE of FATHER (city, state)

4. FULL NAME OF CHILD Lee Albert Jones

5. Date of Birth (Month, day, year) Feb.11,1896

6. Sex male

7. Twin or Triplet single

If so—born 1st, 2nd, 3rd 1

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Joseph W.Jones
11. Color or Race white
12. Age at time of THIS birth 32 yrs.
13. Birthplace Utah (City or town) West Weber (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business farmer

MOTHER OF CHILD

16. FULL MAIDEN NAME Harriet Robinson
17. Color or Race white
18. Age at time of THIS birth 25 yrs.
19. Birthplace Ucon(Willow Creek,)Idaho (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business same

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child — (b) Born alive and now living — (c) Born alive and now dead — (d) Stillborn —

24. I HEREBY CERTIFY That I attended the birth of this child, who was (born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

26. (a) APR 4 1941 (Date received) (b) Mabel Y Elder (Registrar's signature)

27. Given name added on by (Registrar's signature)

25. Attendant's OWN signature M.D. (D.O., Midwife, etc.)
and address Date

State of Idaho } ss.
County of Jefferson }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Harriet Jones, being first duly sworn, say that I am related to (Related to (or) acquainted with) Lee Albert Jones (Name of person on certificate above) as his mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. Dabell (Name of attendant at birth), who attended said birth is now deceased. (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Harriet Jones Signature

Rigby, Idaho. P. O. Address

Subscribed and sworn to before me on this 3 day of April, 19 41

(SEAL) Basil R Bennett Notary Public, residing at Rigby, Idaho.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

61 3-206-203-962

309722

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

MAR 24 1941

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. **PLACE OF BIRTH:**
(a) County..... (b) City Pocatello
(c) Street Address or R F D No.....
(d) Name of Hospital or Maternity Home:
.....
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home.....days.
In **THIS** county.....years.....months.....days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State..... (b) County.....
(c) City.....
(d) Street Address or R.F.D. No.....
(e) How long has **MOTHER** lived in Idaho?.....yrs.
(f) Mother's mailing address.....
3. **RESIDENCE OF FATHER** (city, state).....

4. **FULL NAME OF CHILD** Olivia Isabel Watson
5. Date of Birth (Month, day, year) Dec 6 1896
6. Sex. Female
7. Twin or Triplet
If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy
9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** Findlay Watson
11. Color or Race white
12. Age at time of THIS birth.....yrs.
13. Birthplace..... (City or town) (State or foreign country)
14. Exact Occupation.....
15. Industry or Business.....

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Margaret Robertson
17. Color or Race white
18. Age at time of THIS birth.....years
19. Birthplace..... (City or town) (State or foreign country)
20. Exact Occupation.....
21. Industry or Business.....

22. ~~Name~~ prophylactic used to prevent Ophthalmia Neonatorum .....
23. Number of children of this mother: (a) At time of birth and including this child..... (b) Born alive and now living.....
(c) Born alive and now dead..... (d) Stillborn.....

24. I HEREBY CERTIFY That I attended the birth of this child, who was..... (born alive, stillborn) at.....M. on the date
and at the place stated above, and that personal particulars were furnished by..... (First name) (Last name), who is
related to this child as..... (Mother, etc.)

26. (a) Mar. 24, 1941 (Date received) (b) Mabel F. Elder (Registrar's signature)
27. Given name added on.....by Mabel F. Elder (Registrar's signature)

25. Attendant's **OWN signature**.....M.D. or..... (D.O., Midwife, etc.)
and address Date

State of Montana } ss.
County of Beaverhead }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Findlay Watson, being first duly sworn, say that I am related to (Related to (or) acquainted with)
Olivia Isabel Watson (Name of person on certificate above) as Father (State relationship or acquaintance), whose birth certificate
appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts
contained therein are true to the best of my knowledge. I further state that..... (Name of attendant at birth), who attended
said birth..... (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

X Findlay Watson .....Name

Box 991, Dillon, Mont. .....P. O. Address

NOTARY PUBLIC for the State of Montana
Residing at Dillon, Montana
Subscribed and sworn to before me on this 7 day of March, 1941
Commission Expires August 27, 1942
(SEAL) Helen Haugaard Notary Public, residing at Dillon, Mont.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

4/10/41 L. B.

AUG 11 1958

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

769-215-001-415

309789

309789

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 309789
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County ADA (b) City Boise
(c) Street Address or R.F.D. No. 1
(d) Name of Hospital or Maternity Home: AT HOME
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
In **THIS** county 24 years 10 month 9 days.

2. **USUAL RESIDENCE of MOTHER:** (At time of this birth)
(a) State IDAHO (b) County ADA
(c) City Boise
(d) ~~Street Address~~ or R.F.D. No. 1
(e) How long has **MOTHER** lived in Idaho? 24 yrs.
(f) Mother's mailing address R.F.D. 1 Boise

3. **RESIDENCE of FATHER** (city, state): Boise, Ida.

4. **FULL NAME OF CHILD** Gertrude Elizabeth Porter

5. Date of Birth (Month, day, year) November 15, 1896

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Polk W. Porter
11. Color or Race White
12. Age at time of THIS birth 31 yrs.
13. Birthplace Lexington (City or town), Missouri (State or foreign country)
14. Exact Occupation Sheep man
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Laura Etta DAVIS
17. Color or Race White
18. Age at time of THIS birth 24 yrs.
19. Birthplace Boise (City or town), IDAHO (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Do not know
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 1 (c) Born alive and now dead 1 (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) Apr. 16, 1941 (Date received) (b) Mabel F. Elder (Registrar's signature)

27. Given name added on ..... by Mabel F. Elder (Registrar's signature)

25. Attendant's **OWN signature** ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of CALIFORNIA
County of LOS ANGELES } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Laura Etta Davis Porter, being first duly sworn, say that I am related to (Related to (or) acquainted with) Gertrude Elizabeth Porter (Name of person on certificate above) as her mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Sweet (Name of attendant at birth), who attended said birth cannot be located (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Laura Etta Davis Porter Signature
6220 Maryland Dr. Los Angeles, Cal. P. O. Address

Subscribed and sworn to before me on this 8th day of April 19 41

(SEAL) Rea B Fenton Notary Public, residing at Los angeles, Calif.

Commission Expires Mar. 19, 1942

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

4/16/41 L. B.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

913-125-029-699

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

APR 3 1941

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 309797
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Latah (b) City Tamey
(c) Street Address or R.F.D. No. —
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or ~~Inst.~~ Home ..... days.
In **THIS** county years month days.

2. **USUAL RESIDENCE of MOTHER:** (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Tamey
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? ~~sixty~~ yrs.
(f) Mother's mailing address Nezperce, Idaho

3. **RESIDENCE of FATHER** (city, state) Tamey, Idaho

4. **FULL NAME OF CHILD** Herbert William Ralstin

5. Date of Birth (Month, day, year) August 25, 1896

6. Sex male

7. Twin or Triplet no

If so—born 1st, 2nd, 3rd no

8. No. months of Pregnancy nine

9. Legitimate? —

FATHER OF CHILD

10. **FULL NAME** Robert Lafayette Ralstin
11. Color or Race white
12. Age at time of THIS birth 31 yrs.
13. Birthplace Lewiston, Illinois (City or town) (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business farmer

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Goldie May Wright
17. Color or Race white
18. Age at time of THIS birth 23 yrs.
19. Birthplace Murray, Iowa (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum none
23. Number of children of this mother: (a) At time of birth and including this child ~~two~~ (b) Born alive and now living 3
(c) Born alive and now dead none (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) April 3 - 1941 (Date received) (b) Mabel Keeler (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of Idaho
County of Lewis } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Goldie M. Ralstin, being first duly sworn, say that I am related to (Related to (or) acquainted with) Herbert William Ralstin (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs Henry Maxwell (Name of attendant at birth), who attended said birth cannot be located (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Goldie M Ralstin Signature

Nezperce, Idaho P. O. Address

Subscribed and sworn to before me on this 1st day of April, 1941

(SEAL) A. C. Tannell Notary Public, residing at Nezperce, Ida

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 30 1963

C.C.: 4/11/1941 C. Cp.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

813-111-021-745

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

APR 7 1941

State File No. 309853
Local Reg. No. 95
Reg. Dist. No. 541

1. **PLACE OF BIRTH:**
(a) County Franklin (b) City Franklin
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
In **THIS** county ..... years ..... month ..... days.

2. **USUAL RESIDENCE of MOTHER:** (At time of this birth)
(a) State Idaho (b) County Franklin
(c) City Franklin
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? ..... yrs.
(f) Mother's mailing address
3. **RESIDENCE of FATHER** (city, state):

4. **FULL NAME OF CHILD** Lerleen Hatch
5. Date of Birth (Month, day, year) Oct 11, 1896
6. Sex Male
7. Twin or Triplet
If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Byru Hatch
11. Color or Race W
12. Age at time of THIS birth 37 yrs.
13. Birthplace Franklin, (City or town) Idaho (State or foreign country)
14. Exact Occupation Farmer & Stock Raiser
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ester Gregory
17. Color or Race White
18. Age at time of THIS birth 26 yrs.
19. Birthplace Franklin, (City or town) Idaho (State or foreign country)
20. Exact Occupation H.W.
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4
(c) Born alive and now dead X (d) Stillborn X

24. I HEREBY CERTIFY That I attended the birth of this child, who was Alive (born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by Family Record (First name) (Last name), who is related to this child as X (Mother, etc.)

26. (a) 4-3-41 (Date received) (b) G.W. Stalls (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of Idaho
County of Franklin } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, L. Wilford Hatch, being first duly sworn, say that I am related (Related to (or) acquainted with) as Uncle (State relationship or acquaintance), whose birth certificate (Name of person on certificate above) appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Selina Gregory (Name of attendant at birth), who attended said birth (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

L. Wilford Hatch Signature

Franklin, Idaho. P. O. Address

Subscribed and sworn to before me on this 3 day of April, 19 41

(SEAL) Wesley Tolbert Notary Public, residing at Preston Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

466-21-4021-695

310050

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States Department of Commerce
Bureau of the Census

APR 14 1941

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No. 5 40

1. PLACE OF BIRTH:
(a) County Franklin (b) City Dayton
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
In **THIS** county years months days.

2. USUAL RESIDENCE of MOTHER: (Always fill in these)
(a) State Idaho (b) County Franklin
(c) City Dayton
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? ..... yrs.
(f) Mother's mailing address (For registration notice):
(Street or R. F. D.) (Postoffice)

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Hazel Lavna Moore

5. Date of Birth (Month, day, year) Jan 14 1896

6. Sex Female **7. Twin or Triplet** **If so—born 1st, 2nd, 3rd** **8. No. months of Pregnancy** 9 **9. Legitimate?** Yes

FATHER OF CHILD

10. FULL NAME Peter J. Moore

11. Color or Race White **12. Age at time of THIS birth** 37 yrs.

13. Birthplace Liverpool (City or Town) England (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Margaret Ann Frew

17. Color or Race White **18. Age at time of THIS birth** 34 yrs.

19. Birthplace Franklin Idaho (City or Town) (State or foreign country)

20. Exact Occupation House wife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) **At time of birth and including this child** 8 (b) Born alive and now living 7
(c) Born alive and now dead 1 (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was Alive (born alive, stillborn) at 11 P M. on the date and at the place stated above, and that personal particulars were furnished by Margaret Ann Moore (First name) (Last name), who is related to this child as Mother (Mother, etc.)

26. (a) April 12 1941 (Date received) (b) G. W. Stokes (Registrar's signature)

25. Attendant's **OWN signature** Nancy Beckstead M.D. (D.O., Midwife, etc.)
and address ..... Date .....

27. Given name added on ..... by ..... (Registrar's Signature)

c.c. 4/24/41. wh

REGISTRATION OF BIRTHS
LOCAL REGISTRATION OF BIRTHS

SEC. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

SEC. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, *within 10 days after the date of birth;* and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make a proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at a less interval than 10 days after the birth, if so required by municipal ordinances of regulations now in force or that may hereafter be enacted.

SEC. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filed out as per blanks for that purpose.

SEC. 38-223. * * * * *, any physician or midwife in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT
(Not for certified copies)

(a) Pregnancy: Complications of.....

.....

.....

(b) Labor: Complications: .....

.....

..... Induced?.....

.....

(c) Was there an operation for delivery?.....

State all operations:.....

.....

(d) Did baby have any:

(1) Congenital Malformation?.....

Describe: .....

(2) Birth Injury? .....

Describe: .....

(3) Was mother given a Wasserman before delivery?

.....

(4) Signature of Physician:

.....

743-205-011-612

RECEIVED

APR 11 1941

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 310088

Local Reg. No.

Reg. Dist. No.

1. **PLACE OF BIRTH:**
   (a) County Boundary (b) City Copeland
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mother's stay **BEFORE** delivery:
   In Hosp. or Mat. Home ..... days.
   In **THIS** county 2 years month days.

2. **USUAL RESIDENCE of MOTHER:** (At time of this birth)
   (a) State Idaho (b) County Boundary
   (c) City Copeland
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 2 yrs.
   (f) Mother's mailing address Copeland

3. **RESIDENCE of FATHER** (city, state): Copeland

4. **FULL NAME OF CHILD** Della Ruth Guthrie

5. Date of Birth (Month, day, year) Dec 1896

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** James Henry Guthrie
11. Color or Race White
12. Age at time of THIS birth 33 yrs.
13. Birthplace Iowa (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Martha Adele Washburn
17. Color or Race White
18. Age at time of THIS birth 18 yrs.
19. Birthplace Iowa (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living
    (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was (born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

26. (a) April 11-1941 (Date received) (b) Maud T Eeder (Registrar's signature)

27. Given name added on by (Registrar's signature)

25. Attendant's **OWN** signature M.D. (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Boundary } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I Martha Guthrie, being first duly sworn, say that I am related to (Related to (or) acquainted with) Della Ruth Guthrie (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that no physician (Name of attendant at birth), who attended said birth (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Mrs. Martha Adele Guthrie Signature

Copeland Idaho P.O. Address

Subscribed and sworn to before me on this 22 day of March 19 41

(SEAL)

Notary Public for the State of Idaho residing at Bonners Ferry.

Commission Expires March 9, 1945.

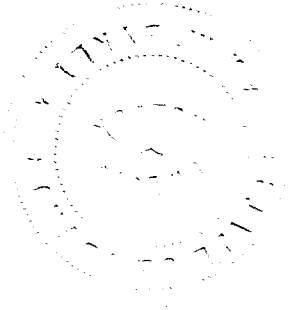
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 6 1959

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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142-127-007-296

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce
Bureau of Census

APR 19 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 311153
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH**
   (a) County Blaine (b) City Bellevue
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mother's stay **BEFORE** delivery:
   In Hosp. or Mat. Home ..... days.
   IN **THIS** county ..... years ..... month ..... days

2. **USUAL RESIDENCE of MOTHER** (At time of this birth)
   (a) State Idaho (b) County Blaine
   (c) City Bellevue
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 6 yrs.
   (f) Mother's mailing address Bellevue Ida

3. **RESIDENCE of FATHER** (city, state) Bellevue, Ida

4. **FULL NAME OF CHILD** Hobart Justus

5. Date of Birth (Month, day, year) Dec. 27 1896

6. Sex white

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Uriah S. Justus
11. Color or Race white
12. Age at time of THIS birth 38 yrs.
13. Birthplace Prescott (City or town) Kansas (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Minerva Ann Brooks
17. Color or Race white
18. Age at time of THIS birth 27 yrs.
19. Birthplace Wheatland (City or town) Missouri (State or foreign country)
20. Exact Occupation housekeeper
21. Industry or Business "

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3 (c) Born alive and now dead 4 (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) April 19-1941 (Date received) (b) Mabel F. Ensley (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of Idaho
County of Blaine } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Minerva Ann Justus, being first duly sworn, say that I am related (Related to (or) acquainted with) to Hobart Justus (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs Susan Bartsche (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Minerva Ann Justus Signature

Hailey, Idaho P. O. Address

Subscribed and sworn to before me on this 18th day of April, 1941

(SEAL) ..... Notary Public, residing at Hailey

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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349 129 003893

United States Department of Commerce Bureau of Census

(Be sure the information is as of date of birth of THIS child)

APR 21 1941

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 311159
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Bannock (b) City Cove Idaho
(c) Street Address or R.F.D. No. none
(d) Name of Hospital or Maternity Home: Farm of E. J. Turner
(e) Mother's stay BEFORE delivery: In Hosp. or Mat. Home no days. IN THIS county 30 years - month - days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City Cove
(d) Street Address or R.F.D. No. none
(e) How long has MOTHER lived in Idaho? 57 yrs.
(f) Mother's mailing address deceased

3. RESIDENCE of FATHER (city, state) deceased

4. FULL NAME OF CHILD Twin Fred Hillman Turner First child

5. Date of Birth (Month, day, year) Mar. 29. 1896

6. Sex Male

7. Twin or Triplet Twin

If so—born 1st, 2nd, 3rd first

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Edward James Turner
11. Color or Race white
12. Age at time of THIS birth 53 yrs.
13. Birthplace Janesville (City or town) Wisconsin (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business cattle business

MOTHER OF CHILD

16. FULL MAIDEN NAME Martha Hillman
17. Color or Race white
18. Age at time of THIS birth 43 yrs.
19. Birthplace Topeka (City or town) Kansas (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business Housewife wife of E. J. Turner

22. Name prophylactic used to prevent Ophthalmia Neonatorum do not know

23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 5 (c) Born alive and now dead 1 (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was born (born alive, stillborn) at 9 A. M. on the date and at the place stated above, and that personal particulars were furnished by Lillian Jefferson (First name) (Last name), who is related to this child as sister (Mother, etc.)

25. Attendant's OWN signature ____ M.D. (D.O., Midwife, etc.) and address ____ Date ____

26. (a) Apr. 21 - 1941 (Date received) (b) Mabel F Feeley (Registrar's signature)

27. Given name added on ____ by ____ (Registrar's signature)

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

State of Idaho
County of Washington } ss.

I, Lillian Jefferson, being first duly sworn, say that I am related to (Related to (or) acquainted with) Fred H. Turner (Name of person on certificate above) as a sister (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs Keller (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

X Lillian Jefferson Signature

Weiser, Idaho P. O. Address

Subscribed and sworn to before me on this 18 day of April 1941

(SEAL) John J. Durand Notary Public, residing at Weiser, Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 2 1959

c.c/4/26/41. w.h.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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369-222-014693

311204

United States Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)
APR 23 1941

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH**
(a) County Canyon (b) City Caldwell
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home ____ days.
IN **THIS** county 2 years month days

2. **USUAL RESIDENCE of MOTHER** (At time of this birth)
(a) State Idaho (b) County Washington
(c) City Weiser
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 25 yrs.
(f) Mother's mailing address Weiser, Idaho

3. **RESIDENCE of FATHER** (city, state) same

4. **FULL NAME OF CHILD** Mary Corbett

5. Date of Birth (Month, day, year) Apr. 22, 1896

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Elmer K. Corbett
11. Color or Race white
12. Age at time of THIS birth 41 yrs.
13. Birthplace Grass Valley, California (City or town) (State or foreign country)
14. Exact Occupation Stockman
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Margaret A. Williams
17. Color or Race white
18. Age at time of THIS birth 39 yrs.
19. Birthplace Platt County, Missouri (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 4 (c) Born alive and now dead 2 (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

26. (a) Apr. 23, 1941 (Date received) (b) Mabel F. Elder (Registrar's signature)

27. Given name added on ____ by ____ (Registrar's signature)

25. Attendant's **OWN** signature ____ M.D. (D.O., Midwife, etc.)
and address ____ Date ____

State of Oregon } ss.
County of Yamhill }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Margaret Corbett, being first duly sworn, say that I am related to (Related to (or) acquainted with) Mary Corbett (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. Burley (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Margaret A Corbett Signature

McMinnville, Oregon P. O. Address

Subscribed and sworn to before me on this 19th day of April, 1941

(SEAL) Roland S. Duncan Notary Public, residing at McMinnville, Ore.

my commission expires Dec. 1, 1942

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

4/29/41 L. B.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

385 222040-385

3112 17

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

APR 24 1941

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 311217
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH**
   (a) County Shoshone (b) City Wallace
   (c) Street Address or R.F.D. No. 514 N. High St
   (d) Name of Hospital or Maternity Home: Born at this address
   (e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home ..... days. IN **THIS** county ..... years ..... month ..... days

2. **USUAL RESIDENCE of MOTHER** (At time of this birth)
   (a) State Idaho (b) County
   (c) City Wallace
   (d) Street Address or R.F.D. No. 514 N High St
   (e) How long has **MOTHER** lived in Idaho? 4 yrs.
   (f) Mother's mailing address 514 N High St

3. **RESIDENCE of FATHER** (city, state) Idaho

4. **FULL NAME OF CHILD** Lucretia Maria Chenoweth

5. Date of Birth (Month, day, year) Sept. 22, 1896

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Zendorf Chenoweth
11. Color or Race White
12. Age at time of THIS birth 39 yrs.
13. Birthplace West Jefferson, Ohio (City or town) (State or foreign country)
14. Exact Occupation Mining
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Elizabeth Welch Chenoweth
17. Color or Race White
18. Age at time of THIS birth 36 yrs.
19. Birthplace Grove City, Ohio (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2 (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) Apr 24 - 1941 (Date received) (b) Mabel F Geehan (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of California
County of Los Angeles } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Elizabeth Welch Chenoweth, being first duly sworn, say that I am related to (Related to (or) acquainted with) Lucretia Maria Chenoweth (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Genoway (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

x Elizabeth Welch Chenoweth Signature

536 N. Mission Drive, San Gabriel, Calif P. O. Address

Subscribed and sworn to before me on this 22nd day of April, 1941

(SEAL) A. Kenaracher Notary Public, residing at San Gabriel Cal

c.c. 4/30/41. w.h.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Jefferson
City of Rigby Idaho
No. ..... St.
(If born in hospital or institution give name.)

RECEIVED
APR 24 1941

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

311262

CERTIFICATE OF BIRTH

Registration District No. ..... State File No. .....
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Hazel Jeanette Astew.

3. Sex Female.
If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth .....
6. Premature ..... Full term .....
7. Legitimate? .....
8. Date of birth Aug. 6, 1896 (Month, Day, Year)

FATHER

9. Full name George Albert Askew
10. Residence (usual place of abode) (If non-resident, give place and State) .....
11. Color or race White | 12. Age at last birthday 35 (years)
13. Birthplace (city or place) (State or Country) Sheffield England

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. own farm
16. Date (month and year) last engaged in this work Aug 6, 1896
17. Total time (years) spent in this work 2 years

MOTHER

18. Full maiden name Margaret Cuffley
19. Residence (usual place of abode) (If non-resident, give place and State) .....
20. Color or race White | 21. Age at last birthday 33 (years)
22. Birthplace (city or place) (State or Country) Salt Lake City, Utah

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housekeeper.
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. own home.
25. Date (month and year) last engaged in this work Aug. 6, 1896
26. Total time (years) spent in this work 2 years

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....
28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 4 (b) Born alive but now dead ..... (c) Stillborn .....
29. If stillborn, period of gestation ..... months or weeks
30. Cause of Stillbirth ..... During labor ..... Before labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... at ..... m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) ....., M. D.
or (Mrs. George Hillis) (Midwife)
Address Rigby Idaho.

Give name added from a supplemental report April 24-1941 (Date of)
Mabel Fuller
Registrar.

Filed ....., 193... .....
Registrar.

122-206-003-346

STATE OF IDAHO
BARZILLA W. CLARK, GOVERNOR

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Idaho }
County of Bingham } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

..... being first duly sworn says that

She is the Sister of Hazel Jeanette Askew
(Relationship of child)*

born Aug. 6th 1896 at Rigby, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that She desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said Hazel Jeanette Askew

..... hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Mrs George Hill M. D. was the medical attendant at the birth of said Hazel Jeanette Askew (Midwife) and that the said medical attendant is deceased.
(Now deceased (or) cannot be located)

Name of Affiant Mary A. Head

P. O. Address 194 Montana St. San Francisco

Subscribed and sworn to before me this 19th day of April, 1941

Jos Braun
Notary Public.

Residing at San Francisco, ~~Idaho~~

My Commission expires December 27, 19[illegible]

***If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.**

c.c. 4/29/41. w.h.

818 T20 029 254

311328

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce
Bureau of the Census

RECEIVED

(Be sure the information is as of date of birth of THIS child)

State File No.
Local Reg. No.
Reg. Dist. No.

CERTIFICATE OF BIRTH
STATE OF IDAHO

APR 29 1941

1. **PLACE OF BIRTH:**
(a) County Latah (b) City Troy
(c) Street Address or R.F.D. No. x
(d) Name of Hospital or Maternity Home: xxxxxx
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home x days.
In **THIS** county one years xx month days.

2. **USUAL RESIDENCE of MOTHER:** (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Troy
(d) Street Address or R.F.D. No. x
(e) How long has **MOTHER** lived in Idaho eleven yrs.
(f) Mother's mailing address Troy, Idaho

3. **RESIDENCE of FATHER** (city, state): Troy, Idaho

4. **FULL NAME OF CHILD** Ernest Rutherford Hays

5. Date of Birth (Month, day, year) Nov. 20(?) 1896

6. Sex male

7. Twin or Triplet no

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Henry Edwin Hays
11. Color or Race white
12. Age at time of THIS birth 27 yrs.
13. Birthplace Moravia (City or town) Iowa (State or foreign country)
14. Exact Occupation barber
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Martha Oline Knudsen
17. Color or Race white
18. Age at time of THIS birth 20 yrs.
19. Birthplace (near) Stavanger, Norway (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child one (b) Born alive and now living four (c) Born alive and now dead none (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was (born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

26. (a) Apr. 29 - 1941 (Date received) (b) Mabel T. Eedes (Registrar's signature)

27. Given name added on by (Registrar's signature)

25. Attendant's **OWN signature** M.D. (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Nez Perce } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Ella M. Lambert, being first duly sworn, say that I am related to (Related to (or) acquainted with) Ernest Rutherford Hays (Name of person on certificate above) as aunt (sister of Henry E.) (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Scallon (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Ella M. Lambert Signature

Second & D Sts. Lewiston, Idaho P. O. Address

Subscribed and sworn to before me this 28th day of April, 1941

(SEAL)

Notary Public, residing at Lewiston, Idaho.

My Commission expires April 8, 1945.

c.c. 5/3/41. w.h.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

RECEIVED MAY 1 1941

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

311469

CERTIFICATE OF BIRTH

1. PLACE OF BIRTH
County of Latah
City of Near Troy
No. Farm home St.
(If born in hospital or institution give name.)

Registration District No. ..... State File No. .....
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Claude Nelson Prather

3. Sex Male | If plural births: 4. Twin, triplet, or other Twin; 5. Number, in order of birth 1st | 6. Premature No; Full term Yes | 7. Legitimate? Yes | 8. Date of birth Oct. 15th 1896 (Month, Day, Year)

FATHER

9. Full name Samuel Erasmus Prather
10. Residence (usual place of abode) (If non-resident, give place and State) Troy, Ida
11. Color or race White | 12. Age at last birthday 50 (years)
13. Birthplace (city or place) (State or Country) Probably Penn.

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Brick mason
15. Industry or business in which ~~work was done, as silk mill,~~ sawmill, bank, etc. Building
16. Date (month and year) last engaged in this work ....., 19....
17. Total time (years) spent in this work .....

MOTHER

18. Full maiden name Mary Jane Miller
19. Residence (usual place of abode) (If non-resident, give place and State) Troy, Ida
20. Color or race White | 21. Age at last birthday 35 (years)
22. Birthplace (city or place) (State or Country) Ohio

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. housewife
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. home
25. Date (month and year) last engaged in this work ....., 19....
26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Do not know

28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 4 (b) Born alive but now dead 0 (c) Stillborn 1

29. If stillborn, period of gestation Unknown { months or weeks
30. Cause of Stillbirth ..... { During labor ..... Before labor Unknown

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... at ..... m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) ....., M. D.
or ....., Midwife
Address .....

Give name added from a supplemental report May 1 - 1941 (Date of)
Mabel M. Fowler
Registrar.

Filed May, 1941
Registrar.

791-115029 493

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

AFFIDAVIT

(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

State of Washington
County of Spokane } ss.

Mrs. Hattie M. Stracke being first duly sworn says that she is the sister (Relationship of child)* (mother and father deceased) of Claude Nelson Graiker born Oct. 15, 1896 (Date of birth) at Troy, Idaho, Idaho, whose certificate of birth is hereto attached, and that he desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said Claude Nelson Graiker hereto attached are true and correct as ~~stated therein,~~ **and that this birth has not been previously recorded.**

Affiant further states that ~~he~~ a ~~M. D.~~, Midwife was the medical attendant at the birth of said Claude Nelson Graiker and that the said medical attendant is now deceased (Now deceased (or) cannot be located)

Name of Affiant Mrs. Hattie M. Stracke

P. O. Address 4020 S.E. 96th Ave, Portland, Ore.

Subscribed and sworn to before me this 22 day of October, 1940

C. Thomas
Notary Public.

Residing at Spokane, Wn., ~~Idaho.~~

*** If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.**

c.c. 5/7/41. w.h.

762-109-816

United States Department of Commerce
Bureau of Census

MAY 9 1941 (Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 311678
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH**
(a) County Cassia (b) City Basin
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home ____ days. IN **THIS** county ____ years ____ month ____ days

2. **USUAL RESIDENCE of MOTHER** (At time of this birth)
(a) State Idaho (b) County Cassia
(c) City Basin (RFD Oakley)
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? ____ yrs.
(f) Mother's mailing address Basin, Idaho

3. **RESIDENCE of FATHER** (city, state) Basin, Id

4. **FULL NAME OF CHILD** Leonard Earl Posey

5. Date of Birth (Month, day, year) Feb. 9, 1896

6. Sex Male

7. Twin or Triplet Single If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy reg.

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Albert W. Posey
11. Color or Race Creek Indian
12. Age at time of THIS birth 27 yrs.
13. Birthplace Waco, Texas (City or town) (State or foreign country)
14. Exact Occupation Sheepherder
15. Industry or Business Stock-raising

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Ann Dayley Posey
17. Color or Race White
18. Age at time of THIS birth 21 yrs.
19. Birthplace Tooele, Utah (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housekeeping

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child ____ (b) Born alive and now living ____ (c) Born alive and now dead ____ (d) Stillborn ____

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

26. (a) MAY 9 1941 (Date received) (b) Mabel T. Eccles (Registrar's signature)

27. Given name added on ____ by ____ (Registrar's signature)

25. Attendant's **OWN** signature deceased M.D. (D.O., Midwife, etc.)
and address ____ Date ____

State of Idaho
County of Cassia } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Mary Ann Dayley Posey, being first duly sworn, say that I am related to (Related to (or) acquainted with) Leonard Earl Posey (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. Jeanette Dayley (Name of attendant at birth) who attended said birth is deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Mary Ann Dayley Posey Signature
Burley, Idaho P. O. Address

Subscribed and sworn to before me on this 6 day of May, 19 41.

(SEAL) Henry W. Tucker Notary Public, residing at Burley, Idaho

C.C. 5/15/41. W.H.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

FEB 12 1969

MAR 20 1962

State of Idaho,)
) ss.
County of Cassia.)

Mary Ann Dayley Posey being first duly sworn upon oath says that she is the mother of Leonard Earl Posey born at Basin, Cassia County, State of Idaho; that the birth certificate of said Leonard Earl Posey shows his father Albert W. Posey as being 44 years old at time of this birth, whereas said father Albert W. Posey was really 27 years of age at that time; also said certificate gives your affiant's age as 38 years whereas your affiant was at the time of this birth 21 years old.

Wherefore affiant prays that the record of said Leonard Earl Posey be amended to comply with the facts as herein stated.

Mrs Mary Ann Posey

Subscribed and sworn to before me this 27th day of June 1941.

Lenny N. Jones

Notary Public, Burley, Idaho.

567-117009-759

United States Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)
MAY 2 1941

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 311789
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH
(a) County Bonners (b) City Rathdrum
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: none
born at ranch home
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home no days.
IN THIS county 12 years 3 months 10 days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Bonners
(c) City Rathdrum
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 12 yrs.
(f) Mother's mailing address Rathdrum, Idaho

3. RESIDENCE of FATHER (city, state) Rathdrum, Ida

4. FULL NAME OF CHILD Robert John Vogler

5. Date of Birth (Month, day, year) Sept. 17, 1896

6. Sex male

7. Twin or Triplet no

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Henry Conrad Vogler, Sr.
11. Color or Race white
12. Age at time of THIS birth 34 yrs.
13. Birthplace Kassell (City or town) Germany (State or foreign country)
14. Exact Occupation wheat farmer owner
15. Industry or Business wheat farming

MOTHER OF CHILD

16. FULL MAIDEN NAME Josephine, Gertum
17. Color or Race White
18. Age at time of THIS birth 36 yrs.
19. Birthplace Porto Allegro, Brazil, S. A. (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum None
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4 (c) Born alive and now dead 2 (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive, at 3:20 P. M. on the date and at the place stated above, and that personal particulars were furnished by Henry C. Vogler, Sr. (First name) (Last name), who is related to this child as Father

26. (a) May 7-1941 (Date received) (b) [signature] (Registrar's signature)

27. Given name added on ____ by ____ (Registrar's signature)

25. Attendant's OWN signature Henry Conrad M.D.
and address Vogler Date

State of Washington
County of Chelan } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Henry Conrad Vogler, Sr., being first duly sworn, say that I am the Father (Related to (or) acquainted with) of Robert John Vogler (Name of person on certificate above) as Father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. Halverson Mid-Wife (Name of attendant at birth), who attended said birth is now Deaceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Henry Conrad Vogler Sr. Signature

Connell, Washington P. O. Address

Subscribed and sworn to before me on this 13 day of May, 1941

(SEAL) Robert J. Vogler Notary Public, residing at Chelan, Wash.
Ben Clendworth
Council

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

695-213 029 154

United States Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)
MAY 5 1941

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 311865
Local Reg. No.
Reg. Dist. No. 2044

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH**
   (a) County Latah (b) City Troy
   (c) ~~Street Address~~ or R.F.D. No. 2
   (d) Name of Hospital or Maternity Home:
   (e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home ..... days. IN **THIS** county 1 years month days

2. **USUAL RESIDENCE of MOTHER** (At time of this birth)
   (a) State Idaho (b) County Latah
   (c) City Troy
   (d) ~~Street Address~~ or R.F.D. No. 2
   (e) How long has **MOTHER** lived in Idaho? 1 yrs.
   (f) Mother's mailing address Troy Idaho

3. **RESIDENCE of FATHER** (city, state) Troy Idaho

4. **FULL NAME OF CHILD** Ellen Christine Fredman

5. Date of Birth (Month, day, year) May 13, 1896

6. Sex F

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Emil Fredman
11. Color or Race White
12. Age at time of THIS birth 30 yrs.
13. Birthplace Lyung (City or town) Sweden (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Augusta Anderson
17. Color or Race White
18. Age at time of THIS birth 30 yrs.
19. Birthplace Herrljunga (City or town) Sweden (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child one (b) Born alive and now living 1 (c) Born alive and now dead none (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by Augusta Fredman (First name) (Last name), who is related to this child as Mother (Mother, etc.)

26. (a) May 1, 1941 (Date received) (b) Earl Alden-SR (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature deceased M.D. (D.O., Midwife, etc.)
and address ..... Date

State of Idaho
County of Latah } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I Augusta Fredman, being first duly sworn, say that I am related to (Related to (or) acquainted with) Ellen Christine Fredman (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Miss Lucy Johnson (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Augusta Fredman Signature
Troy Ida. P. O. Address

Subscribed and sworn to before me on this 2 day of May, 1941

(SEAL) L. Brooke Notary Public, residing at Troy Ida.

MAY 19 1942

MAR 23 1964

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

893 104 006-293

311938

United States Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH
(a) County Bingham (b) City Blackfoot
(c) Street Address or R.F.D. No. North Fisher Ave.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery: At family res.
In Hosp. or Mat. Home ____ days.
IN THIS county ____ years ____ month ____ days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Bingham
(c) City Blackfoot
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 5 yrs.
(f) Mother's mailing address Blackfoot, Idaho

3. RESIDENCE of FATHER (city, state) Blackfoot,

4. FULL NAME OF CHILD Fred Dexter Hilliard

5. Date of Birth (Month, day, year) Sept. 4, 1896

6. Sex male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy Nine

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Charles Forrester Hilliard
11. Color or Race white
12. Age at time of THIS birth 26 yrs.
13. Birthplace Charlestown (City or town) Mass. (State or foreign country)
14. Exact Occupation Painter and Sign-writer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Laura Bliss Bithell
17. Color or Race white
18. Age at time of THIS birth 22 yrs.
19. Birthplace Ophir, (City or town) Utah (State or foreign country)
20. Exact Occupation house-wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 4 (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

26. (a) MAY 20 1941 (Date received) (b) Maud Y Keeler (Registrar's signature)

27. Given name added on ____ by ____ (Registrar's signature)

25. Attendant's OWN signature ____ M.D. (D.O., Midwife, etc.)
and address ____ Date

State of Idaho
County of Bingham } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Laura B. Hilliard, being first duly sworn, say that I am related to (Related to (or) acquainted with) Fred Dexter Hilliard (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that midwife (Crockawell) (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Laura B Hilliard Signature
Blackfoot Idaho, P. O. Address

Subscribed and sworn to before me on this 12 day of May, 1941.

(SEAL) ____ Notary Public, residing at Blackfoot, Idaho

c.c. 5/28/41. w.h.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

437-131-D30-717

United States Department of Commerce
Bureau of the Census

RECEIVED MAY 26 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 312951
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Lemhi (b) City Salmon
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
In **THIS** county ..... years ..... month ..... days.

2. **USUAL RESIDENCE of MOTHER:** (At time of this birth)
(a) State Idaho (b) County Lemhi
(c) City Salmon
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? ..... yrs.
(f) Mother's mailing address Deceased
3. **RESIDENCE of FATHER** (city, state): Salmon, Idaho

4. **FULL NAME OF CHILD** Paul Ross McPherson
5. Date of Birth (Month, day, year) Aug. 31, 1896
6. Sex Male
7. Twin or Triplet
If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** James Murdock McPherson
11. Color or Race White
12. Age at time of THIS birth 23 yrs.
13. Birthplace Dungannon (City or town) Ontario (State or foreign country) Canada
14. Exact Occupation Merchant
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** ELLA Jane Pope (McPherson)
17. Color or Race White
18. Age at time of THIS birth 21 yrs.
19. Birthplace Salmon (City or town) Idaho (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child One (b) Born alive and now living One (c) Born alive and now dead None (d) Stillborn None

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) May 26-1941 (Date received) (b) Maud M Geeter (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of Idaho
County of Lemhi } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, ... being first duly sworn, say that I am Related to (Related to (or) acquainted with) Paul R McPherson (Name of person on certificate above) as Father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. F. L. Wright (Name of attendant at birth), who attended said birth Deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

X James Murdock McPherson Signature
Salmon, Idaho P. O. Address

Subscribed and sworn to before me on this 23rd day of May, 1941

(SEAL) Nannie C. McBride Notary Public, residing at Salmon, Ida

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

348-211-087-39b

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

312981

State File No.
Local Reg. No. 57
Reg. Dist. No. 410

MAY 22 1941

1. **PLACE OF BIRTH:**
(a) County Blaine (b) City Hailey
(c) Street Address or R F D No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home.....days.
In **THIS** county.....years.....months.....days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Blaine
(c) City Hailey
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho?.....yrs.
(f) Mother's mailing address Hailey, Idaho

3. **RESIDENCE OF FATHER** (city, state) Hailey, Ida

4. **FULL NAME OF CHILD** Lovenia Catherine Lufkin

5. Date of Birth (Month, day, year) 12-11-1896

6. Sex. Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Charles Henry Lufkin
11. Color or Race white
12. Age at time of THIS birth 33 yrs.
13. Birthplace Carson City (City or town) Nevada (State or foreign country)
14. Exact Occupation Teamster
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Olive Brown
17. Color or Race white
18. Age at time of THIS birth 22 years
19. Birthplace Silver City (City or town) Idaho (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Home

22. Name prophylactic used to prevent Ophthalmia Neonatorum Agno3
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1 (c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (born alive, stillborn) at 5:30A M. on the date and at the place stated above, and that personal particulars were furnished by Lovenia C. Condron (First name) (Last name), who is related to this child as Aunt (Mother, etc.)

26. (a) 5-21-1941 (Date received) (b) Robert H. Wright (Registrar's signature)

27. Given name added on.....by.....(Registrar's signature)

25. Attendant's **OWN signature**.....M.D. or.....(D.O., Midwife, etc.)
and address Date

State of Idaho }
County of Blaine } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Lovenia C. Condron, being first duly sworn, say that I am related (Related to (or) acquainted with) to Lovenia Catherine Lufkin (Name of person on certificate above) as Aunt (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. N. J. Brown (Name of attendant at birth), who attended said birth deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Lovenia C. Condron Name

Hailey Idaho P. O. Address

Subscribed and sworn to before me on this 22nd day of May, 1941

(SEAL) D. W. Walker Notary Public, residing at Hailey, Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 9 1965

5/29/41 Z.J.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

363-12-21-040-043

312989

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

RECEIVED MAY 21 1941

1. **PLACE OF BIRTH** MAY 21 1941
   (a) County Shoshone (b) City Kingston
   (c) Street Address or R F D No.....
   (d) Name of Hospital or Maternity Home:
   .....
   (e) Mother's stay **BEFORE** delivery:
   In Hosp. or Mat. Home.....days.
   In **THIS** county.....years.....months.....days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
   (a) State Idaho (b) County Shoshone
   (c) City Kingston
   (d) Street Address or R.F.D. No.....
   (e) How long has **MOTHER** lived in Idaho?.....yrs.
   (f) Mother's mailing address.....
3. **RESIDENCE OF FATHER** (city, state).....

4. **FULL NAME OF CHILD** Glenden Cole
5. Date of Birth (Month, day, year) November 27, 1896
6. Sex. male
7. Twin or Triplet
   If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9 mo.
9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Cyrus Cole
11. Color or Race white
12. Age at time of THIS birth 49 yrs.
13. Birthplace (City or town) Illinois (State or foreign country)
14. Exact Occupation Lumberman
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Hannah Maria Sullivan
17. Color or Race white
18. Age at time of THIS birth 43 years
19. Birthplace (City or town) Ireland (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum .....
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3
    (c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (born alive, stillborn) at .....M. on the date and at the place stated above, and that personal particulars were furnished by Maud D. Hayward (First name) (Last name), who is related to this child as.....

MAY 21 1941 (Mother, etc.)

26. (a)..... (Date received) (b) Mabel F Elder (Registrar's signature)

27. Given name added on.....by..... (Registrar's signature)

25. Attendant's **OWN signature**.....M.D. or..... (D.O., Midwife, etc.)
and address Date

State of California
County of Los Angeles } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Maud D. Hayward, being first duly sworn, say that I am 1st Cousin (Related to (or) acquainted with)
Glenden Cole (Name of person on certificate above) as 1st cousin (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that do not know name (Name of attendant at birth), who attended said birth cannot be located (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Maud D. Hayward Name
555 Rhea St P. O. Address

Subscribed and sworn to before me on this 19th day of May, 1941

(SEAL) Irene Criswell Notary Public, residing at Long Beach, Calif.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

C.C. 5/31/41. W.h.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

(136-22-1035-749

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 313013
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Bingham (b) City Sawtooth
(c) Street Address or R.F.D. No. Farm —
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
In **THIS** county ..... years ..... month ..... days.

2. **USUAL RESIDENCE of MOTHER:** (At time of this birth)
(a) State Idaho (b) County Bingham
(c) City Sawtooth
(d) Street Address or R.F.D. No. Farm —
(e) How long has **MOTHER** lived in Idaho? ..... yrs.
(f) Mother's mailing address .....

3. **RESIDENCE of FATHER** (city, state): Southwick Idaho

4. **FULL NAME OF CHILD** Linnah Nora McFadden

5. Date of Birth (Month, day, year) June 27, 1896

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** James Melvin McFadden
11. Color or Race White
12. Age at time of THIS birth 24 yrs.
13. Birthplace Sunville (City or town) Pennsylvania (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Bertha May Guernsey
17. Color or Race White
18. Age at time of THIS birth 20 yrs.
19. Birthplace Kent (City or town) Nebraska (State or foreign country)
20. Exact Occupation Housework
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum .....
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1 (c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

RECEIVED

26. (a) MAY 20 1941 (Date received) (b) Mabel H Eddleman (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of Idaho
County of Bingham } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I Mrs. J. M. McFadden, being first duly sworn, say that I am related to (Related to (or) acquainted with) Linnah Nora McFadden (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ..... (Name of attendant at birth), who attended said birth ..... (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

X Mrs J M McFadden Signature
Rt #2 Box 141 - Clarkston, Wn. P. O. Address

Subscribed and sworn to before me on this 19 day of May, 1941

(SEAL) Ralph Steinigeweg Notary Public, residing at .....

EX-OFFICIO AUDITOR AND RECORDER

6/2/41 L. B.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

662-72-2606-999

313036

United States Department of Commerce
Bureau of Census

RECEIVED MAY 26 19[illegible]

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 313036
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH**
(a) County Bingham (b) City Blackfoot
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: ~~In Hosp. or Mat. Home~~ days. IN **THIS** county years month days Home

2. **USUAL RESIDENCE of MOTHER** (At time of this birth)
(a) State Idaho (b) County Bingham
(c) City Blackfoot
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? yrs.
(f) Mother's mailing address

3. **RESIDENCE of FATHER** (city, state) Same

4. **FULL NAME OF CHILD** Jess Lee Foster

5. Date of Birth (Month, day, year) Feb 22, 1896

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Noah Foster
11. Color or Race White
12. Age at time of THIS birth 35 yrs.
13. Birthplace Texas (City or town) (State or foreign country)
14. Exact Occupation Blacksmith
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mittie Prince Foster
17. Color or Race White
18. Age at time of THIS birth 30 yrs.
19. Birthplace Missouri (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living 9 (c) Born alive and now dead 4 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was 9 (born alive, stillborn) at 4 M. on the date stated above, and that personal particulars were furnished by Mittie Foster (First name) (Last name), who is related to this child as Mother (Mother, etc.)

RECEIVED MAY 26 1945

26. (a) (Date received) (b) Mabel Yeeder (Registrar's signature)

27. Given name added on by (Registrar's signature)

25. Attendant's **OWN signature** Fannie Wheat M.D. (D.O., Midwife, etc.)
and address 475N Capital Ave Idaho Falls, Idaho Date 5-20-41

State of Idaho
County of Bonneville } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I Lily Genn Caswater, being first duly sworn, say that I am related to Jess Lee Foster (Name of person on certificate above) as Sister (State relationship or acquaintance) (Related to (or) acquainted with), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that (Name of attendant at birth), who attended said birth (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Lily Genn Caswater Signature
189 Sch St Idaho Falls Idaho P. O. Address

Subscribed and sworn to before me on this 20 day of May 1941

(SEAL) J. Ross Hughes Notary Public, residing at Idaho Falls, Idaho

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

713-10-7222-367

RE

313041

United States Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

MAY 26 1941

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 313041
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH**
(a) County Fremont (b) City Parker
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: none
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home ____ days. IN **THIS** county 8 years ____ month ____ days

2. **USUAL RESIDENCE of MOTHER** (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City Parker
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 11 yrs.
(f) Mother's mailing address St Anthony Idaho

3. **RESIDENCE of FATHER** (city, state) St Anthony "

4. **FULL NAME OF CHILD** Robert Samuel Galbraith

5. Date of Birth (Month, day, year) Sept 7, 1896

6. Sex Male

7. Twin or Triplet No

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** James Everett Galbraith
11. Color or Race White
12. Age at time of THIS birth 28 yrs.
13. Birthplace Jamestown Penn (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Eliza Cox
17. Color or Race White
18. Age at time of THIS birth 17 yrs.
19. Birthplace Youngstown Ohio (City or town) (State or foreign country)
20. Exact Occupation House work
21. Industry or Business

22. Name prophylactic used to prevent Opthalmia Neonatorum none
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1 (c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

26. (a) MAY 26 1941 (Date received) (b) Mabel H Keefer (Registrar's signature)

27. Given name added on ____ by ____ (Registrar's signature)

25. Attendant's **OWN signature** ____ M.D. (D.O., Midwife, etc.)
and address ____ Date

State of Idaho
County of Fremont } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I James E. Galbraith, being first duly sworn, say that I am related to (Related to (or) acquainted with) Robert Samuel Galbraith (Name of person on certificate above) as Father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 159, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that William Middleton M.D. (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

James E Galbraith Signature
St Anthony Idaho P. O. Address

Subscribed and sworn to before me on this 22 day of May, 1941

(SEAL) O. Meservy Notary Public, residing at Probate Judge

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 19 19

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

Bond - ID 1002465

313191

United States Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

MAY 29 1941

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Bonner (b) City Clarks Fork
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery: On Homestead
In Hosp. or Mat. Home ..... days.
IN THIS county ..... years ..... month ..... days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Bonner
(c) City Clarks Fork
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 5 yrs.
(f) Mother's mailing address Clarks Fork

3. RESIDENCE of FATHER (city, state) Clarks Fork

4. FULL NAME OF CHILD Louis Foster

5. Date of Birth (Month, day, year) June 12. 1896.

6. Sex Male 7. Twin or Triplet single If so—born 1st, 2nd, 3rd 8th 8. No. months of Pregnancy 9 9. Legitimate? yes.

FATHER OF CHILD

10. FULL NAME Joseph Foster
11. Color or Race White 12. Age at time of THIS birth 34 yrs.
13. Birthplace Wolsken (City or town) Bohemia (State or foreign country)
14. Exact Occupation Farmer - and
15. Industry or Business Carpenter

MOTHER OF CHILD

16. FULL MAIDEN NAME Theresia Foerster
17. Color or Race White 18. Age at time of THIS birth 34 yrs.
19. Birthplace Niemes (City or town) Bohemia (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business at home

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living 8 (c) Born alive and now dead 1 (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was born (born alive, stillborn) at 4:00 A M. on the date and at the place stated above, and that personal particulars were furnished by Theresa Foster (First name) (Last name), who is related to this child as mother (Mother, etc.)

26. (a) May 29, 1941 (Date received) (b) Mabel F. Elder (Registrar's signature)
27. Given name added on ..... by Mabel F. Elder (Registrar's signature)

25. Attendant's OWN signature ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of California
County of Los Angeles } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Theresia Foster, being first duly sworn, say that I am mother (Related to (or) acquainted with) Louis Foster (Name of person on certificate above) as ..... (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Joseph Foster (Name of attendant at birth), who attended said birth there was no doctor (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

My Commission Expires Oct. 24, 1943

Theresia Foster Signature
1238 So. Bonnie Beach Pl. Los Angeles P. O. Address

Subscribed and sworn to before me this 10 day of May, 19 41

(SEAL) G.C. Dilsaver Notary Public, residing at LosAngeles Calif.

6/11/41 L. P.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

693.118.1861-259

313240

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 313240
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH**
(a) County Ada (b) City Meridian
(c) Street Address or R.F.D. No. —
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home 0 days.
IN **THIS** county 2 years — month — days

2. **USUAL RESIDENCE of MOTHER** (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Meridian
(d) Street Address or R.F.D. No. —
(e) How long has **MOTHER** lived in Idaho? 2 yrs.
(f) Mother's mailing address Meridian, Idaho

3. **RESIDENCE of FATHER** (city, state) " "

4. **FULL NAME OF CHILD** Hugh E. Wilmot

5. Date of Birth (Month, day, year) 10-18-1896

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Ery A. Wilmot

11. Color or Race White

12. Age at time of THIS birth 29 yrs.

13. Birthplace Winona (City or town) Minn. (State or foreign country)

14. Exact Occupation Carpenter

15. Industry or Business Contractor

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Ellen Bertsch

17. Color or Race White

18. Age at time of THIS birth 21 yrs.

19. Birthplace Centerville (City or town) So. Dakota (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business —

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1 (c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was (born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

26. (a) June 5-1941 (Date received) (b) Maud L. Eeder (Registrar's signature)

27. Given name added on by (Registrar's signature)

25. Attendant's **OWN signature** M.D. (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Ada } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Ery A. Wilmot, being first duly sworn, say that I am father (Related to (or) acquainted with) Hugh E. Wilmot (Name of person on certificate above) as father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Emily A. Wilmot (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Ery A Wilmot Signature

1330 Denver St. Boise, Idaho P. O. Address

Subscribed and sworn to before me on this 5th, day of June 1941 19

(SEAL) Or A Hoobler Notary Public, residing at Boise Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

c.c. 6/5/41. w.h.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

363-119-229-793

RECEIVED JUN 2 1941

United States Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 313299
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Latah (b) City Troy
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
In **THIS** county ..... years ..... month ..... days.

2. **USUAL RESIDENCE of MOTHER:** (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Troy
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 6 yrs.
(f) Mother's mailing address Vollmer Idaho

3. **RESIDENCE of FATHER** (city, state): same

4. **FULL NAME OF CHILD** Hugo Clifford Tollefsen

5. Date of Birth (Month, day, year) April 19 1896

6. Sex Male

7. Twin or Triplet no

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Thomas Hans Tollefsen
11. Color or Race White
12. Age at time of THIS birth 27 yrs.
13. Birthplace Windom Minn (City or town) (State or foreign country)
14. Exact Occupation Wood Yard
15. Industry or Business Prop.

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Bessie Gilbertsen
17. Color or Race White
18. Age at time of THIS birth 27 yrs.
19. Birthplace Clinton Wisc (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child ..... (b) Born alive and now living ..... (c) Born alive and now dead ..... (d) Stillborn .....

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 2.0[illegible] M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) June 2-1941 (Date received) (b) Mabel T Edelen (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address ..... Date .....

State of Montana
County of Cascade } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Bessie Thompson, being first duly sworn, say that I am Mother of (Related to (or) acquainted with) Hugo Clifford Tollefsen (Name of person on certificate above) as ..... (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Scallon (Name of attendant at birth), who attended said birth can not be located (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Bessie Thompson Signature
1904 — 2nd Ave North P.O. Address
Great Falls Montana

Subscribed and sworn to before me on this 26 day of May 1941

(SEAL) ..... Notary Public, residing at Great Falls

NOTARY PUBLIC for the State of Montana
Residing at Great Falls, Montana
My Commission Expires October 17, 1943

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

c.c. 6/15/41. w.h.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

853-124-030492

313357

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

JUN 6 1941

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH**
(a) County Lemhi (b) City Bannister
(c) Street Address or R.F.D. No. ----
(d) Name of Hospital or Maternity Home: none
(e) Mother's stay **BEFORE** delivery: Julia Yell
In Hosp. or Mat. Home ____ days. none
IN THIS county 2 years ---month ___ days

2. **USUAL RESIDENCE of MOTHER** (At time of this birth)
(a) State Idaho (b) County Lemhi
(c) City Bannister
(d) Street Address or R.F.D. No. none
(e) How long has **MOTHER** lived in Idaho? 3 yrs.
(f) Mother's mailing address Now deceased.

3. **RESIDENCE of FATHER** (city, state) 3 yrs.

4. **FULL NAME OF CHILD** John Lewis Yell

5. Date of Birth (Month, day, year) Dec. 24, 1896.

6. Sex male

7. Twin or Triplet no

If so—born 1st, 2nd, 3rd no

8. No. months of Pregnancy

9. Legitimate? yes.

FATHER OF CHILD

10. **FULL NAME** Andrew Yell
11. Color or Race White
12. Age at time of THIS birth 35 yrs.
13. Birthplace Albany (City or town) New York (State or foreign country)
14. Exact Occupation Carpenter
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Julia Dishno
17. Color or Race White
18. Age at time of THIS birth 32 yrs.
19. Birthplace Essex (City or town) N. Y. (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5th (b) Born alive and now living 3 (c) Born alive and now dead 3 (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

26. (a) June 6, 1941 (Date received) (b) Mabel F. Elder (Registrar's signature)

27. Given name added on ____ by ____ (Registrar's signature)

25. Attendant's **OWN signature** ____ M.D. (D.O., Midwife, etc.)
and address ____ Date

State of Montana
County of Beaverhead } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Silas C. Dishno, being first duly sworn, say that I am related to (Related to (or) acquainted with) John Lewis Yell (Name of person on certificate above) as his uncle (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Rosella Dishno (Name of attendant at birth), who attended said birth is now deceased. (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Silas C Dishno Signature

Dillon, Montana, Box 505. P. O. Address

Subscribed and sworn to before me on this 4th day of June, 1941

(SEAL) Myrl Erwin Notary Public for the State of Montana Residing at Dillon, Montana

Notary Public, residing at Dillon, Montana

My Commission Expires Nov. 28th, 1941

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

6/17/41 L. B.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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313584

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

JUN 14 1941

Registration District No. 121 State File No. ____

Prim. Registration District No. ____ Local Registrar's No. 197

1. PLACE OF BIRTH
County of Kootenai
City of Rathdrum
No. ____ St. ____
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Marcus Gordon Wright

3. Sex Male | If plural births: 4. Twin, triplet, or other ____ 5. Number, in order of birth ____ | 6. Premature ____ Full term 1 | 7. Legitimate? 1 | 8. Date of birth Sept 21, 1896 (Month, Day, Year)

FATHER

9. Full name Marcus DeLayfette Wright
10. Residence (usual place of abode) (If non-resident, give place and State) Rathdrum Ida.
11. Color or race White | 12. Age at last birthday 35 (years)
13. Birthplace (city or place) (State or Country) Bowling Green Kentucky.

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Contractor.
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Sawmill
16. Date (month and year) last engaged in this work ____, 19____ | 17. Total time (years) spent in this work ____

MOTHER

18. Full maiden name Albertina Jane Piper
19. Residence (usual place of abode) (If non-resident, give place and State) ____
20. Color or race White | 21. Age at last birthday 44 (years)
22. Birthplace (city or place) (State or Country) Healsburg California

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. ____
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. ____
25. Date (month and year) last engaged in this work ____, 19____ | 26. Total time (years) spent in this work ____

27. What prophylactic was used to prevent Ophthalmia Neonatorum? ____

28. Number of children of this mother (At time of this birth and including this child) 10
(a) Born alive and now living 7 (b) Born alive but now dead 3 (c) Stillborn ____

29. If stillborn, period of gestation ____ months or weeks | 30. Cause of stillbirth ____ Before labor ____ During labor ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ____ (Born Alive or Stillborn) at ____ m. on the date above stated.

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

Give name added from a supplemental report ____

(Date of) ____

Registrar.

(Signed) ____, M. D.
or ____, Midwife
Address ____
Filed 6-7-41, 193 H. L. Lewcamb, M.D.
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

699121-028-797

STATE OF IDAHO

RECEIVED JUN 14 1941

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Washington)
County of Spokane) ss.

AFFIDAVIT

(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Zella Wright DeMerchant being first duly sworn says that she is the sister (Relationship of child)* of Marcus Gordon Wright born Sept. 21, 1896 (Date of birth) at Rathdrum, Idaho, whose certificate of birth is hereto attached, and that Marcus Gordon Wright desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said Marcus Gordon Wright hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Dr. Frank Wentz, M. D., was the Midwife medical attendant at the birth of said Marcus Gordon Wright and that the said medical attendant is now deceased. (Now deceased (or) cannot be located)

Name of Affiant Zella Wright DeMerchant

P. O. Address W 117 Third Avenue, Spokane, Wash.

Subscribed and sworn to before me this 21st day of March, 19 41

Notary Public.

Residing at Spokane, Washington ~~Idaho~~.

*** If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.**

P.C. 6-28-41

689-104 001556 ED

United States Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)
JUN 19 1941

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 313643
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH
(a) County Ada (b) City Boise
(c) Street Address or R.F.D. No. South 12th St.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery: In Hosp. or Mat. Home ..... days. IN THIS county ..... years ..... month ..... days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Boise
(d) Street Address or R.F.D. No. South-12th St.
(e) How long has MOTHER lived in Idaho? ..... yrs.
(f) Mother's mailing address Boise

3. RESIDENCE of FATHER (city, state) Boise, Idaho

4. FULL NAME OF CHILD McKinley Wheeler

5. Date of Birth (Month, day, year) Dec. 4, 1896

6. Sex male

7. Twin or Triplet ..... If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD (Deceased 1912)

10. FULL NAME Dennis G. Wheeler
11. Color or Race White
12. Age at time of THIS birth 28 36-MW yrs.
13. Birthplace Poinette, Wisconsin (City or town) (State or foreign country)
14. Exact Occupation General ranch work
15. Industry or Business

MOTHER OF CHILD (Deceased 1934)

16. FULL MAIDEN NAME Clara Rabecca Newell
17. Color or Race White
18. Age at time of THIS birth 29 25 yrs. (MW)
19. Birthplace Kassen Minnesota (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum .....
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 4 (c) Born alive and now dead None Five-MW (d) Stillborn None M.W. 5

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date (born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) June 19-1941 (Date received) (b) Mabel N Geller (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature ..... M.D. (D.O., Midwife, etc.)
and address ..... Date .....

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

State of California
County of Los Angeles } ss.

I, Ethel Fanshier, being first duly sworn, say that I am the sister of (Related to (or) acquainted with)
McKinley Wheeler (Name of person on certificate above) as Sister (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ..... (Name of attendant at birth), who attended said birth unknown (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Ethel Fanshier Signature
737 Magnolia Ave, Long Beach, Calif. P.O. Address

Subscribed and sworn to before me on this 17th day of June, 1941

(SEAL) Josephine McDonald Notary Public, residing at Long Beach, Calif.
My Commission exp. April 18, 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

JUN 9 1941

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Ada (b) City
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home days.
In **THIS** county 20 years 5 month days.

2. **USUAL RESIDENCE of MOTHER:** (At time of this birth)
(a) State Idaho (b) County Ada
(c) City
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 20 yrs.
(f) Mother's mailing address
3. **RESIDENCE of FATHER** (city, state). Idaho

4. **FULL NAME OF CHILD** Ella Myrtle Clark
5. Date of Birth (Month, day, year) May 30 1896
6. Sex Female
7. Twin or Triplet
If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Jesse S. Clark
11. Color or Race White
12. Age at time of THIS birth 29 yrs.
13. Birthplace Indiana (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mona Alice Clark
17. Color or Race White
18. Age at time of THIS birth 20 yrs.
19. Birthplace Ada County Idaho (City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Opthalmia
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (born alive, stillborn) at 3 A M. on the date and at the place stated above, and that personal particulars were furnished by Mona Clark (First name) (Last name), who is related to this child as Mother (Mother, etc.)

26. (a) JUN 18 1941 (Date received) (b) (Registrar's signature)

25. Attendant's **OWN signature** (D.O., Midwife, etc.)
and address Meridian, Idaho Date

27. Given name added on by (Registrar's signature)

State of
County of } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, , being first duly sworn, say that I am (Related to (or) acquainted with)
(Name of person on certificate above) as (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that (Name of attendant at birth), who attended said birth (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Signature

P. O. Address

Subscribed and sworn to before me on this day of , 19

(SEAL) Notary Public, residing at

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

P.C. Ley 231/4

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child ~~born prior to~~ the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such

[redacted]

affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 314878
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH**
   (a) County CASSIA (b) City OAKLEY
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: —
   (e) Mother's stay **BEFORE** delivery:
   In Hosp. or Mat. Home ..... days.
   IN **THIS** county ..... years ..... month ..... days

2. **USUAL RESIDENCE of MOTHER** (At time of this birth)
   (a) State Idaho (b) County CASSIA
   (c) City OAKLEY
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 20 yrs.
   (f) Mother's mailing address OAKLEY, Idaho

3. **RESIDENCE of FATHER** (city, state)

4. **FULL NAME OF CHILD** EDWARD GORDON KINNEY

5. Date of Birth (Month, day, year) Oct 10 1896

6. Sex M

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? YES

FATHER OF CHILD

10. **FULL NAME** BENJAMIN FRANKLIN KINNEY
11. Color or Race White
12. Age at time of THIS birth 48 yrs.
13. Birthplace — — (City or town), Michigan (State or foreign country)
14. Exact Occupation BLACKSMITH
15. Industry or Business BLACKSMITH SHOP

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Comfort Hope VONCURIEN
17. Color or Race White
18. Age at time of THIS birth 37 yrs.
19. Birthplace FRANKLIN CACHE VALLEY (City or town) Idaho (State or foreign country)
20. Exact Occupation HOUSE WIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 10 (b) Born alive and now living 7 (c) Born alive and now dead 2 (d) Stillborn 1

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) June 30 - 1941 (Date received) (b) Mabel Keeler (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of Idaho
County of GEM } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, ELVIRA JOHNSON, being first duly sworn, say that I am RELATED TO (Related to (or) acquainted with) EDWARD GORDON KINNEY (Name of person on certificate above) as SISTER (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that DR. ALBEE (Name of attendant at birth), who attended said birth IS NOW DECEASED (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Elvira Johnson Signature

Emmett Idaho P. O. Address

Subscribed and sworn to before me on this 27th day of June, 1941

(SEAL) Troy Breeden Notary Public, residing at Emmett Idaho

4, 3of41

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

JUN 26 1941

CERTIFICATE OF BIRTH
STATE OF IDAHO

314964
State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Washington (b) City Weiser
(c) Street Address or R F D No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home.....days.
In **THIS** county.....years.....months.....days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Washington
(c) City Weiser
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? Few Months yrs.
(f) Mother's mailing address
3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Howard Warren Gillette
5. Date of Birth (Month, day, year) Aug. 25th 1896
6. Sex. Male
7. Twin or Triplet
If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy
9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** Quimby Herschel Gillette
11. Color or Race W
12. Age at time of THIS birth 35 yrs.
13. Birthplace Missouri (City or town) (State or foreign country)
14. Exact Occupation Carpenter
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Elizabeth Routson
17. Color or Race W
18. Age at time of THIS birth 25 years
19. Birthplace Lewiston, Ill (City or town) (State or foreign country)
20. Exact Occupation Hswife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum 4
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 3
(c) Born alive and now dead 1 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was (born alive, stillborn) at 2 M. on the date and at the place stated above, and that personal particulars were furnished by (Mother, etc.) (First name) (Last name), who is related to this child as

26. (a) JUN 26 1941 (Date received) (b) Mary E Gillette (Registrar's signature)

27. Given name added on by (Registrar's signature)

25. Attendant's **OWN signature** J. L. R. Numbers M.D. or (D.O., Midwife, etc.)
and address Weiser Date 6/25/41.

State of Idaho }
County of Washington } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, L. S. Routson, being first duly sworn, say that I am related to (Related to (or) acquainted with) Howard Warren Gillette (Name of person on certificate above) as Uncler (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that said attendant (Name of attendant at birth), who attended said birth cannot be located (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

L. S. Routson Name
Weiser Idaho P. O. Address

Subscribed and sworn to before me on this 26 day of June 1941

(SEAL) E R Carlock Notary Public, residing at Weiser Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



14-01-6

363-102006-231

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 315005
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** JUN 23 1941
(a) County Bingham (b) City Shelton
(c) Street Address or R.F.D. No. 2, Rigby
(d) Name of Hospital or Maternity Home: at his own home
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home ..... days. IN **THIS** county ..... years ..... month ..... days

2. **USUAL RESIDENCE of MOTHER** (At time of this birth)
(a) State Idaho (b) County Bingham
(c) City Shelton.
(d) Street Address or R.F.D. No. ~~Ruby~~ Rigby #R#2
(e) How long has **MOTHER** lived in Idaho? ..... yrs.
(f) Mother's mailing address Rigby #R#2, Idaho

3. **RESIDENCE of FATHER** (city, state) Same

4. **FULL NAME OF CHILD** Howard Elvert Cole

5. Date of Birth (Month, day, year) 6-2-1896

6. Sex male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Charles Cole
11. Color or Race white
12. Age at time of THIS birth 37 yrs.
13. Birthplace Covington (City or town) Indiana (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Jane Black
17. Color or Race white
18. Age at time of THIS birth 33 yrs.
19. Birthplace Covington (City or town) Indiana (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum .....
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 6
(c) Born alive and now dead 3 (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date JUN 23 1941 and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related this child as ..... (Mother, etc.)

26. (a) JUN 23 1941 (Date received) (b) Mary E Kaler (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of Idaho
County of Bonneville } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Mary E. Kaler, being first duly sworn, say that I am related to (Related to (or) acquainted with) Howard Elvert Cole (Name of person on certificate above) as sister (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Sarah A. Howard (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Mary E Kaler Signature
Idaho Falls, Idaho, 357 S. E. P. O. Address

Subscribed and sworn to before me on this 16th day of June, 1941

(SEAL) ..... Notary Public, residing at Idaho Falls Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

7-1-41

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

6131270014 94 RECEIVED

United States
Department of Commerce
Bureau of the Census

MAR 19 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

315054

State File No. 315054
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County (b) City Boise
(c) Street Address or R F D No. N. 17th St.,
(d) Name of Hospital or Maternity Home: at Home
(e) Mother's stay **BEFORE** delivery: at home
In Hosp. or Mat. Home.....days.
In **THIS** county 7 years.....months.....days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County
(c) City Boise
(d) Street Address or R.F.D. No. N. 14th
(e) How long has **MOTHER** lived in Idaho? all yrs.
(f) Mother's mailing address
3. **RESIDENCE OF FATHER** (city, state) Boise Ida

4. **FULL NAME OF CHILD** Leonard Watson
5. Date of Birth (Month, day, year) November 27 1896
6. Sex. boy, male
7. Twin or Triplet
If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9,
9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** George Ramon Watson
11. Color or Race White
12. Age at time of THIS birth 45 yrs.
13. Birthplace New York
(City or town) (State or foreign country)
14. Exact Occupation Plasterer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ida Jane Drumm
17. Color or Race White
18. Age at time of THIS birth 41 years
19. Birthplace Vermont
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 2. (c) Born alive and now dead 1 (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....(born alive, stillborn) at.....M. on the date and at the place stated above, and that personal particulars were furnished by.....(First name) (Last name), who is related to this child as.....(Mother, etc.)

26. (a) MAR 19 1941 (Date received) (b) Maud Helder (Registrar's signature)

27. Given name added on.....by.....(Registrar's signature)

25. Attendant's **OWN signature**.....M.D. or.....(D.O., Midwife, etc.)
and address Date

State of Ore
County of [illegible]

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, [illegible] Harvey Lewis Watson, being first duly sworn, say that I am a brother (Related to (or) acquainted with) of Leonard Watson (Name of person on certificate above) as [illegible] (State relationship (or acquaintance)), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. [illegible] (Name of attendant at birth), who attended said birth deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Leonard Watson Harvey Lewis Watson Name
3419 N.E. 39 ave Portland Ore. P. O. Address

Subscribed and sworn to before me on this 18 day of Oct. 1941

(SEAL) [illegible] Notary Public, residing at Portland Ore.

my comm expires 8/7/42

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

4-10-41

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

331-16 001-515

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 315076

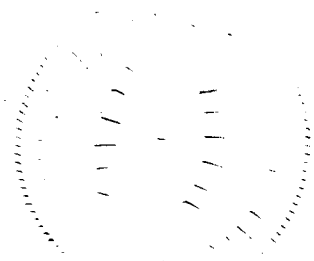
REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Clifford Henry Clark			2. Date Of Birth (month) (day) (year): September 16, 1896
	3. Color or Race: white	4. Sex: Male	5. Place of Birth a. County: Ada	b. City or Town of Birth: Boise
FATHER	6. Full Name of Father: Franz Siegel Clark			7. State or Country of Father's Birth: Missouri
MOTHER	8. Full Maiden Name of Mother: Clara Max Van-Hise			9. State or Country of Mother's Birth: Illinois
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Clifford Henry Clark		11. Present Address of Registrant: 5712 Castle Drive Boise Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: June 20 1962	12. Signature of Notary: Hazel L. Hurlbert		13. Notary Commission expires: Sept. 28 1964

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Insurance policy		By whom issued and signed: Oregon Mutual Life Ins. Co. #77056RX	Date Issued: March 12, 1938	Date Orig. Entry: March 12, 1938
	Date of Birth: September 16, 1896	Birth Place: Boise, Ada, Idaho	Full Name of Mother: ------	Name of Father: -------	
SUPPORTING RECORD 2.	Type of Document: Affidavit by neighbor at time of birth Age now 82		By whom issued and signed: N. R. Marler	Date Issued: ----	Date Orig. Entry: June 20, 1962
	Date of Birth: September 16, 1896	Birth Place: Boise, Idaho	Full Name of Mother: Clara May Van-Hise	Name of Father: Franz Siegel Clark	
SUPPORTING RECORD 3.	Type of Document: Statement regarding Ins. Policy gives this information		By whom issued and signed: New York Life Ins. Co.	Date Issued: July 14, 1961	Date Orig. Entry: April 17, 1946
	Date of Birth: September 16, 1896	Birth Place: Boise, Idaho	Full Name of Mother: --- - - -	Name of Father: --------	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: Elaine Coy	Date Filed: June 20, 1962

FORM BH 56067



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 315076
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Ada (b) City
(c) Street Address or R.F.D.No. 2
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ..... days.
IN THIS county ..... years ..... month ..... days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Ada
(c) City
(d) Street Address or R.F.D.No. 2
(e) How long has MOTHER lived in Idaho? 47 yrs.
(f) Mother's mailing address Deceased

3. RESIDENCE of FATHER (city, state) Caldwell #2

4. FULL NAME OF CHILD Clifford H. Clark

5. Date of Birth (Month, day year) 9-16-1897

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Sigel Clark
11. Color or Race White
12. Age at time of THIS birth 34 yrs.
13. Birthplace Worth County, Mo. (City or town) (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Clara May VanHise
17. Color or Race White
18. Age at time of THIS birth 29 yrs
19. Birthplace Nebraska (City or town) (State or foreign country)
20. Exact Occupation Living with parents
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Silver Nitrate
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5 (c) Born alive and now dead 1 (d) Stillborn 1

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date (born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) July 14-1941 (Date received) (b) Mabel H. Eccles (Registrar's signature)
27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of Idaho
County of Canyon } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Sigel Clark, being first duly sworn, say that I am the father (Related to (or) acquainted with)
Clifford H. Clark (Name of person on certificate above) as ..... (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Geo. Collister (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Sigel Clark (Signature)
Caldwell Idaho Rt. 2 (P. O. Address)

Subscribed and sworn to before me on this 14th day of July, 19 41

(SEAL)

E W. James (Notary Public, residing at Caldwell, Idaho)

7-16-41

JUN 25 1962

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

454-112-014-313

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

315207

1. PLACE OF BIRTH
County of Canyon
City of Caldwell
No. ..... St.
(If born in hospital or institution give name.)

Registration District No. ..... State File No. .....
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Orgel Leonard Dement

3. Sex M | If plural births { 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... } | 6. Premature ..... Full term ✓ | 7. Legitimate? Yes | 8. Date of birth 10/12, ~~186~~ 1896 (Month, Day, Year)

FATHER

9. Full name James Alexander Dement
10. Residence (usual place of abode) (If non-resident, give place and State) Caldwell, Ida.
11. Color or race W | 12. Age at last birthday 37 (years)
13. Birthplace (city or place) (State or Country) Quincy, Illinois

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. farmer
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.
16. Date (month and year) last engaged in this work ....., 19.....
17. Total time (years) spent in this work

MOTHER

18. Full maiden name Malinda Catherine Callaway
19. Residence (usual place of abode) (If non-resident, give place and State)
20. Color or race W | 21. Age at last birthday 27 (years)
22. Birthplace (city or place) (State or Country) near Star, Idaho

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. housewife
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.
25. Date (month and year) last engaged in this work ....., 19.....
26. Total time (years) spent in this work

27. What prophylactic was used to prevent Ophthalmia Neonatorum? ✓

28. Number of children of this mother 5 (At time of this birth and including this child)
(a) Born alive and now living 4 (b) Born alive but now dead — (c) Stillborn —

29. If stillborn, period of gestation ..... { months or weeks }
30. Cause of stillbirth ..... { Before labor ..... During labor ..... }

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... at ..... m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) ....., M. D.
or ....., Midwife
Address .....

Give name added from a supplemental report .....
(Date of)
.....
Registrar.

Filed July 9, 1941 Maud F. Elder
Registrar.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

AFFIDAVIT

(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

State of Idaho }
County of Canyon } ss.

Malinda C. Dement being first duly sworn says that she is the mother (Relationship of child)* of Orzel Leonard Dement born October 12, 1896 (Date of birth) at Caldwell, Idaho, whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said Orzel Leonard Dement hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Dr. A. F. Isham, M. D., was the ~~Midwife~~ medical attendant at the birth of said Orzel Leonard Dement and that the said medical attendant is now deceased (Now deceased (or) cannot be located)

Name of Affiant Malinda C. Dement

P. O. Address 1401 N 20 St, Boise, Idaho

Subscribed and sworn to before me this 3 day of July, 1941

Albert H. Griffith
Notary Public.

Residing at Ketchum, Idaho.

*** If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.**

7-10-4

JUN 23 1965

255-120-029 RECEIVED JUL 8 1941

315248

United States Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 315248
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH**
   (a) County Latah (b) City Kendrick
   (c) Street Address or R.F.D. No. ----------
   (d) Name of Hospital or Maternity Home: --------
   (e) Mother's stay **BEFORE** delivery:
   In Hosp. or Mat. Home ---days.
   IN **THIS** county 10 years 3 month 1 days

2. **USUAL RESIDENCE of MOTHER** (At time of this birth)
   (a) State Idaho (b) County Latah
   (c) City Farm four miles from Kendrick
   (d) Street Address or R.F.D. No. ----------
   (e) How long has **MOTHER** lived in Idaho? 10 1/4 yrs.
   (f) Mother's mailing address Kendrick, Idaho

3. **RESIDENCE of FATHER** (city, state) Kendrick Idaho

4. **FULL NAME OF CHILD** Milo Wallace Benscotter

5. Date of Birth (Month, day, year) July 20, 1896

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Alexander Wallace Benscotter
11. Color or Race White
12. Age at time of THIS birth 45 3/4 yrs.
13. Birthplace Susquehanna (City or town) Pennsylvania (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Louise Fredrika Robritsch
17. Color or Race White
18. Age at time of THIS birth 38 3/4 yrs.
19. Birthplace Ste Agathe (City or town) Quebec (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 4 (c) Born alive and now dead 1 (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (born alive, stillborn) at ____ M. on the date stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

RECEIVED

26. (a) JUL 8 1941 (Date received) (b) Maird Keeler (Registrar's signature)

27. Given name added on ____ by ____ (Registrar's signature)

25. Attendant's **OWN** signature ____ M.D. (D.O., Midwife, etc.)
and address ____ Date ____

State of Washington } ss.
County of Whitman }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Louise Fredrika Benscotter, being first duly sworn, say that I am related to (Related to (or) acquainted with) Milo Wallace Benscotter (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs Spencer (Name of attendant at birth), who attended said birth, is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Louise Fredrika Benscotter Signature

Tekoa Wash P. O. Address

Subscribed and sworn to before me on this 1st day of July 1941

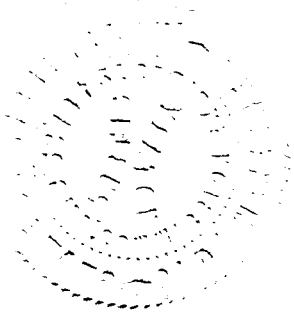
(SEAL) ____ Notary Public, residing at Tekoa, Wash

7-10-41

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



195-16-cod-331

315351

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

JUL 11 1941

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Ada (b) City Boise, Idaho
(c) Street Address or R.F.D.No.
(d) Name of Hospital or Maternity Home: Own Home
(e) Mother's stay BEFORE delivery: In Hosp. or Mat. Home ..... days. IN THIS county 14 years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho, (b) County Ada
(c) City Boise
(d) Street Address or R.F.D.No.
(e) How long has MOTHER lived in Idaho? 4 yrs.
(f) Mother's mailing address Boise, Idaho

3. RESIDENCE of FATHER (city, state) Boise, Ida

4. FULL NAME OF CHILD Lee Wesley Arnold

5. Date of Birth (Month, day year) 5-16-1896

6. Sex Male

7. Twin or Triplet None

If so—born 1st, 2nd, 3rd 1st.

8. No. months of Pregnancy 9 Mos. 9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME James Lee Arnold
11. Color or Race White
12. Age at time of THIS birth 21 yrs.
13. Birthplace Kansas (City or town) (State or foreign country)
14. Exact Occupation Dairyman
15. Industry or Business Milk Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Elsie May Clark
17. Color or Race White
18. Age at time of THIS birth 18 yrs
19. Birthplace Sidney, Illinois (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business None

22. Name prophylactic used to prevent Ophthalmia Neonatorum None
23. Number of children of this mother: (a) At time of birth and including this child one (b) Born alive and now living one (c) Born alive and now dead None (d) Stillborn None

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (born alive, stillborn) at 9:30 A. M. on the date and at the place stated above, and that personal particulars were furnished by Elsie (First name) Arnold (Last name), who is related to this child as Mother (Mother, etc.).

26. (a) July 11-1941 (Date received) (b) [signature] (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature Elsie Arnold Mother (D.O., Midwife, etc.) and address Boise, Idaho Date 7-9-41

State of California
County of Los Angeles } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Elsie Arnold Hochensmith, being first duly sworn, say that I am Mother (Related to XXXXXXXXXX) of Lee Wesley Arnold (Name of person on certificate above) as son (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Bowers (Name of attendant at birth), who attended said birth now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Mother remarried again.

Elsie Arnold Hochensmith Signature
3509 Percy St. Los Angeles, Calif. P.O. Address

Subscribed and sworn to before me on this 9th day of July, 1941

(SEAL) Adelbain H. Jaquemet Notary Public, residing at Los Angeles, Calif.

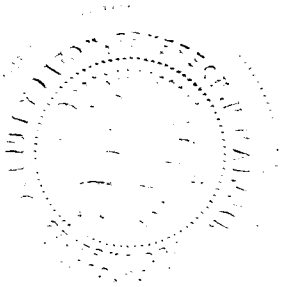
My Commission Expires Dec. 17, 1945

7-17-41

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.



813-022-035-2 3

RECEIVED JUL 8 1941

315374

United States Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Nez Perce (b) City Nez Perce
(c) Street Address or R.F.D.No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery: at home
In Hosp. or Mat. Home ..... days.
IN THIS county 1 years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Nez Perce
(c) City Nez Perce
(d) Street Address or R.F.D.No.
(e) How long has MOTHER lived in Idaho? 1 yrs.
(f) Mother's mailing address
3. RESIDENCE of FATHER (city, state) Same

4. FULL NAME OF CHILD Clytie Beryl Hall (Frink)
5. Date of Birth (Month, day year) July 22, 1896
6. Sex F.
7. Twin or Triplet
If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME James William Hall
11. Color or Race White
12. Age at time of THIS birth 24 yrs.
13. Birthplace Canada
(City or town) (State or foreign country)
14. Exact Occupation Painter
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Etta M. Selig
17. Color or Race White
18. Age at time of THIS birth 22 yrs
19. Birthplace Myrtle Creek Oregon
(City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1
(c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date (born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) JUL 8 1941 (Date received) (b) Mary F. Edler (Registrar's signature)
27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of Oregon
County of Yamhill } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Juanita Hall Hackett, being first duly sworn, say that I am related (Related to (or) acquainted with) Clytie Beryl Hall (Frink) (Name of person on certificate above) as sister (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that physician (Name of attendant at birth), who attended said birth is now deceased (If now deceased (or) cannot be located) and that this birth has not been previously recorded.

Juanita Hall Hackett Signature
313 Robineau Rd., Syracuse, N. Y. P. O. Address

Subscribed and sworn to before me on this 8th day of July, 19 41

(SEAL) ..... Notary Public, residing at Newberg, Oregon

MY COMMISSION EXPIRES APRIL 20, 1942.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

4-17-41

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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365-122025 645

315475

United States Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

JUL 16 1941

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH**
(a) County Idaho (b) City Freedom
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home ____ days. IN **THIS** county ____ years ____ month ____ days

2. **USUAL RESIDENCE of MOTHER** (At time of this birth)
(a) State Idaho (b) County Idaho
(c) City Grangeville
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 5 or yrs.
(f) Mother's mailing address Same

3. **RESIDENCE of FATHER** (city, state) Same

4. **FULL NAME OF CHILD** Leon Charles Cone

5. Date of Birth (Month, day, year) Feb. 22, 1896

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Henry Wood Cone
11. Color or Race White
12. Age at time of THIS birth 36 yrs.
13. Birthplace Ossippee, New Hampshire (City or town) (State or foreign country)
14. Exact Occupation Miner
15. Industry or Business Same

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Otie Leota O'dell
17. Color or Race White
18. Age at time of THIS birth 25 yrs.
19. Birthplace Lamberton, Missouri (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 3 (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

26. (a) July 16-1941 (Date received) (b) Mabel H. Kelley (Registrar's signature)

27. Given name added on ____ by ____ (Registrar's signature)

25. Attendant's **OWN signature** ____ M.D. (D.O., Midwife, etc.) and address ____ Date ____

State of Washington } ss.
County of King }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Otie L. Cone, being first duly sworn, say that I am Related to (Related to (or) acquainted with) Leon Charles Cone (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Sameul E. Bibby (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Otie L Cone Signature

Seattle Wn. 800-32nd Ave P. O. Address

Subscribed and sworn to before me on this 1st day of July, 1941

(SEAL) Harold M. Trulin Notary Public, residing at Seattle

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

7/18/41

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

851 120 006 253

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce
Bureau of Census

JUL 14 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 315488
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Bingham (b) City Idaho Falls
(c) Street Address or R.F.D.No.
(d) Name of Hospital or Maternity Home: At home on ranch
(e) Mother's stay BEFORE delivery: In Hosp. or Mat. Home ..... days. IN THIS county ..... years ..... month ..... days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Bingham
(c) City Idaho Falls
(d) Street Address or R.F.D.No.
(e) How long has MOTHER lived in Idaho? 12 yrs.
(f) Mother's mailing address Idaho Falls, Ida
3. RESIDENCE of FATHER (city, state) Idaho Falls

4. FULL NAME OF CHILD Eugene Percival Heath
5. Date of Birth (Month, day year) May 20 1896
6. Sex male
7. Twin or Triplet
If so—born 1st, 2nd, 3rd 5th
8. No. months of Pregnancy
9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME John Thomas Heath
11. Color or Race White American
12. Age at time of THIS birth 36 yrs.
13. Birthplace Morgan (City or town) Utah (State or foreign country)
14. Exact Occupation
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Eleanor Sage Kelly
17. Color or Race White
18. Age at time of THIS birth 28 yrs
19. Birthplace Douglas, Isle of Man (City or town) (State or foreign country)
20. Exact Occupation House keeper
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 2 (c) Born alive and now dead 3 (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as mother (Mother, etc.)

26. (a) JUL 14 1941 (Date received) (b) Maud M. Keefer (Registrar's signature)
27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of Idaho
County of Bannock } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Eleanor Sage Heath, being first duly sworn, say that I am related to (Related to (or) acquainted with) Eugene Percival Heath (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Rosana Denning (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Eleanor Sage Heath Signature
141 S. 9th, Pocatello, Idaho P. O. Address

Subscribed and sworn to before me on this 12th day of July, 19 41

(SEAL) Clerk of District Court residing at Pocatello, Idaho

7/18/41

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

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United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

JUL 17 1941

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 315581
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH
(a) County Nez Perce (b) City Forest
(c) Street Address or R.F.D.No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ..... days.
IN THIS county ..... years ..... month ..... days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Nez Perce
(c) City Forest
(d) Street Address or R.F.D.No.
(e) How long has MOTHER lived in Idaho? 6 yrs.
(f) Mother's mailing address 104 E. Claremont

3. RESIDENCE of FATHER (city, state) Pasadena, Calif.

4. FULL NAME OF CHILD Homer E Vincent

5. Date of Birth (Month, day year) 8-2-1896

6. Sex Male

7. Twin or Triplet No If so—born 1st, 2nd, 3rd ✓

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Harley John Vincent
11. Color or Race White
12. Age at time of THIS birth 34 yrs.
13. Birthplace Wakemen, Ohio (City or town) (State or foreign country)
14. Exact Occupation Store Keeper & Post Master
15. Industry or Business " "b " "

MOTHER OF CHILD

16. FULL MAIDEN NAME Alla Amanda Vincent
17. Color or Race White
18. Age at time of THIS birth 25 yrs
19. Birthplace Rose Creek, Nebraska (City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business " "

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 5
(c) Born alive and now dead 0 (d) Stillborn 1

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (born alive, stillborn) at 7.00, P M. on the date and at the place stated above, and that personal particulars were furnished by Mother (First name) (Last name), who is related to this child as Mother (Mother, etc.)

26. (a) JUL 17 1941 (Date received) (b) [signature] (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature Deceased M.D. (D.O., Midwife, etc.)
and address ..... Date

State of California
County of Los Angeles } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Alla Amanda Vincent, being first duly sworn, say that I am the mother (Related to (or) acquainted with) as ..... (State relationship or acquaintance), whose birth certificate

(Name of person on certificate above)

appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Deceased (Name of attendant at birth), who attended said birth (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Alla Amanda Vincent Signature
104 E. Claremont St., Pasadena P. O. Address

Subscribed and sworn to before me on this 14th day of July 1941

(SEAL) [signature] Notary Public, residing at Pasadena Calif.

My Commission Expires March 27, 1945

7/27/41

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

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315664

United States Department of Commerce Bureau of Census

(Be sure the information is as of date of birth of THIS child)

Oct. 18 1941

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.

Local Reg. No.

Reg. Dist. No.

1. **PLACE OF BIRTH**
   (a) County Elmore (b) City Mountain Home
   (c) Street Address or R.F.D. No. –
   (d) Name of Hospital or Maternity Home: –
   (e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home ..... days. IN **THIS** county 7 years month days

2. **USUAL RESIDENCE of MOTHER** (At time of this birth)
   (a) State Idaho (b) County Elmore
   (c) City Mountain Home
   (d) Street Address or R.F.D. No. –
   (e) How long has **MOTHER** lived in Idaho? 7 yrs.
   (f) Mother's mailing address X as above

3. **RESIDENCE of FATHER** (city, state) Same

4. **FULL NAME OF CHILD** Elmer Lloyd House

5. Date of Birth (Month, day, year) October 26, 1896

6. Sex Male

7. Twin or Triplet –

If so—born 1st, 2nd, 3rd –

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Marion Ellsworth House
11. Color or Race White
12. Age at time of THIS birth 32 yrs.
13. Birthplace Bridgeport, West Virginia (City or town) (State or foreign country)
14. Exact Occupation Blacksmith
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Eva May Smith
17. Color or Race White
18. Age at time of THIS birth 25 yrs.
19. Birthplace Loudenville, Ohio (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum not known
23. Number of children of this mother: (a) At time of birth and including this child one (b) Born alive and now living three (c) Born alive and now dead one (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) July 18-1941 (Date received) (b) Mabel H Eckler (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** ..... M.D. (D.O., Midwife, etc.) and address ..... Date

State of California } ss.
County of Los Angeles }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Eva May House, being first duly sworn, say that I am related to (Related to (or) acquainted with) Elmer Lloyd House (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. William Smith (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Eva May House Signature

143 South La Peer Drive, Los Angeles, Cal P. O. Address

Subscribed and sworn to before me on this 10th day of July, 19 41

(SEAL) Grace M Porter Notary Public, residing at Los Angeles Calif.

My Commission Expires May 13, 1945

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 30 1961

NOV 3 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

JUL 19 1941

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 315677
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH:**
(a) County Ada (b) City Boise
(c) Street Address or R.F.D. No. Bannock Street
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days. born at home
In **THIS** county ..... years ..... month ..... days.

2. **USUAL RESIDENCE of MOTHER:** (At time of this birth)
(a) State Idaho (b) County
(c) City Boise
(d) Street Address or R.F.D. No. Bannock Street
(e) How long has **MOTHER** lived in Idaho? 10 Mo. yrs.
(f) Mother's mailing address Bannock St. Boise

3. **RESIDENCE of FATHER** (city, state): Boise, Idaho

4. **FULL NAME OF CHILD** Ivor Rees Powell

5. Date of Birth (Month, day, year) June 19, 1896

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy Nine

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Thomas Powell
11. Color or Race White
12. Age at time of THIS birth 35 yrs.
13. Birthplace Elton (City or town) New York State (State or foreign country)
14. Exact Occupation Livery Stable Operator
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Elizabeth Laughee Powell
17. Color or Race White
18. Age at time of THIS birth 26 yrs.
19. Birthplace Pyle, (City or town) South Wales (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living
(c) Born alive and now dead (d) Stillborn None

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) June 19 1941 (Date received) (b) Maud H Edgar (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

State of Washington
County of Kitsap } ss.

I, Elizabeth L. Powell, being first duly sworn, say that I am related to (Related to (or) acquainted with) Ivor Rees Powell (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ..... (Name of attendant at birth), who attended said birth ..... (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

cannot be located

× Elizabeth Laughee Powell Signature
Coupeville, Washington P. O. Address

Subscribed and sworn to before me on this 16th day of July, 1941

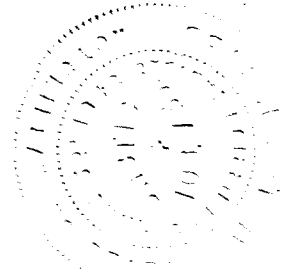
(SEAL)

Notary Public, residing at Poulsbo, Wash.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



523-228029-296

316791

United States Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

JUL 24 1941

1. PLACE OF BIRTH
(a) County Latah (b) City Moscow
(c) Street Address or R.F.D.No. Orchard Ave.
(d) Name of Hospital or Maternity Home: none
(e) Mother's stay BEFORE delivery: In Hosp. or Mat. Home ..... days. IN THIS county 4 years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Moscow
(d) Street Address or R.F.D.No. Orchard Ave.
(e) How long has MOTHER lived in Idaho? 49 yrs.
(f) Mother's mailing address as above

3. RESIDENCE of FATHER (city, state) unknown

4. FULL NAME OF CHILD Ada Mabel Estes

5. Date of Birth (Month, day year) Jan. 28, 1896

6. Sex Female

7. Twin or Triplet no If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME James Harvey Estes
11. Color or Race white
12. Age at time of THIS birth 36 yrs.
13. Birthplace do not know (City or town) (State or foreign country)
14. Exact Occupation Laborer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Emma Addie Brown
17. Color or Race white
18. Age at time of THIS birth 23 yrs
19. Birthplace Keokuk County Iowa (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum none
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2 (c) Born alive and now dead 2 (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date (born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

JUL 24 1941

26. (a) ..... (Date received) (b) Mabel H Keller (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of Idaho
County of Latah } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Emma A. Estes, being first duly sworn say that I am related to (Related to (or) acquainted with) Ada Mabel Estes (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs Kemmer (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Emma A. Estes Signature

MOSCOW, IDAHO P. O. Address

Subscribed and sworn to before me on this 22nd day of July, 1941

(SEAL) A Megard Notary Public, residing at MOSCOW, IDAHO

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

433-125-001-993

RECEIVED

JUL 29 1941

316867

United States Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 316867
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Ada (b) City Meridian
(c) Street Address or R.F.D.No. Country
(d) Name of Hospital or Maternity Home: none
(e) Mother's stay BEFORE delivery: In Hosp. or Mat. Home none days. IN THIS county 5 years 8 month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Meridian
(d) Street Address or R.F.D.No. Rural (Country)
(e) How long has MOTHER lived in Idaho? 21 yrs.
(f) Mother's mailing address Country

3. RESIDENCE of FATHER (city, state) Meridian, Ida.

4. FULL NAME OF CHILD John Andrew McCarty

5. Date of Birth (Month, day year) July 25, 1896

6. Sex male

7. Twin or Triplet no

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Cornelius S. McCarty
11. Color or Race White
12. Age at time of THIS birth 51 yrs.
13. Birthplace Muskigum, Ohio (City or town) (State or foreign country)
14. Exact Occupation Traveling Agent
15. Industry or Business Selling Merchandise

MOTHER OF CHILD

16. FULL MAIDEN NAME Maria Margaret Ritchie
17. Color or Race white
18. Age at time of THIS birth 22 yrs
19. Birthplace Ottowa, Canada (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum none
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2 (c) Born alive and now dead none (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ at ____ M. on the date (born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

RECEIVED

26. (a) JUL 29 1941 (Date received) (b) ____ (Registrar's signature)

27. Given name added on ____ by ____ (Registrar's signature)

25. Attendant's OWN signature ____ M.D. (D.O., Midwife, etc.)
and address ____ Date ____

State of Idaho
County of Ada } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Maria Williamson Lee, being first duly sworn, say that I am ~~mother~~ mother of (Related to (or) acquainted with)
John Andrew McCarty (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mollie Nelson (Name of attendant at birth), who attended said birth is dead (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Maria Williamson Lee Signature

Caldwell Idaho P. O. Address

Subscribed and sworn to before me on this 25th day of July, 19 41

(SEAL) Notary Public, residing at Meridian, Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

RECEIVED

JUL 29 1941

STATE OF IDAHO)
COUNTY OF ADA) ss.

MARIA WILLIAMSON Lee being first duly sworn deposes and says: That she is the same identical person as Maria Margaret Ritchie, who married one Cornelius S. McCarty of Boise, Idaho, on or about the 11th day of July, 1893; that John Andrew McCarty, whose Birth Certificate is attached hereto, was born of the marriage between this affiant and the said Cornelius S. McCarty; that thereafter, about the year 1899, the affiant procured a divorce from the said Cornelius S. McCarty in the District Court in and for the State of Idaho, and by said Decree was awarded the custody of the said John Andrew McCarty.

That thereafter, on November 11, 1900, in Ada County, State of Idaho, affiant was married to one Samuel Williamson; that after the marriage of affiant to the said Samuel Williamson, the said John Andrew McCarty took the name of John Andrew Williamson and has ever since said time, and is now, known by the name of John Andrew Williamson, and has never been known by the name of John Andrew McCarty; that at the time of affiant's marriage to Samuel Williamson, the said John Andrew was of the age of about 4½ years, and never was known by any other name than that of Williamson; that he has grown to manhood and been married under the name of Williamson, and has been employed under that name. That said Samuel Williamson thereafter died and affiant is now married to Andew Lee.

That this affiant was born at Ottowa, Canada. Thereafter she moved to the State of Idaho with her parents, and that her father was naturalized in Idaho City, Idaho, prior to affiant's marriage to said McCarty, and while affiant was still a very small child; that Samuel Williamson, above named, was a native born citizen of the United States and is now deceased.

Maria Williamson Lee
Maria Williamson

Subscribed and sworn to before me this 15th day of July, 1941.

Notary Public
Residing at Meridian, Idaho. My comm. exp. 12/1/43

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

689-126.008-284

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

JUL 25 1941

CERTIFICATE OF BIRTH

STATE OF IDAHO

316924

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. **PLACE OF BIRTH:**
(a) County Boise (b) City Hamilton
(c) Street Address or R F D No. Gen Del
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home.....X.....days.
In **THIS** county 14 years.....months.....days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State..... (b) County.....
(c) City.....
(d) Street Address or R.F.D. No.....
(e) How long has **MOTHER** lived in Idaho?.....yrs.
(f) Mother's mailing address.....

3. **RESIDENCE OF FATHER** (city, state).....

4. **FULL NAME OF CHILD** Claude Milburn Whiteley

5. Date of Birth (Month, day, year) July 26-1896

6. Sex. Male

7. Twin or Triplet No

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Milburn Chas Whiteley
11. Color or Race White
12. Age at time of THIS birth 30 yrs.
13. Birthplace Houston (City or town) Texas (State or foreign country)
14. Exact Occupation Mail Carrier
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Belle Kimball
17. Color or Race White
18. Age at time of THIS birth 29 years
19. Birthplace Lincoln (City or town) Nebraska (State or foreign country)
20. Exact Occupation Housemaid
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum .....
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 4
(c) Born alive and now dead..... (d) Stillborn None

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born (born alive, stillborn) at 7 P.M. on the date and at the place stated above, and that personal particulars were furnished by..... (First name) (Last name), who is related to this child as Father (Mother, etc.)

26. (a) JUL 25 1941 (Date received) (b) Mark H Keeler (Registrar's signature)

27. Given name added on.....by..... (Registrar's signature)

25. Attendant's **OWN signature** Dr Tuttle Deceased M.D. or (D.O., Midwife, etc.)
and address Date

State of Idaho }
County of Kootenai } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

Milburn Chas Whiteley, being first duly sworn, say that I am Father to (Related to (or) acquainted with) Claude Milburn Whiteley (Name of person on certificate above) as Father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1927 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr Tuttle (Name of attendant at birth), who attended said birth Deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Milburn Chas Whiteley Name
Coeur d'Alene Idaho P. O. Address

Subscribed and sworn to before me on this JUL 24 1941 day of .....

(SEAL) ..... Notary Public, residing at Coeur d'Alene, Idaho

Notary Public for the State of Idaho
My Commission Expires Jan. 1, 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

347-218-014-231

United States Department of Commerce
Bureau of Census

RECEIVED JUL 29 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 317015
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH
(a) County Canyon (b) City Caldwell
(c) Street Address or R.F.D.No. 7th Ave Cleveland Blvd
(d) Name of Hospital or Maternity Home: Born at residence
(e) Mother's stay BEFORE delivery: In Hosp. or Mat. Home ..... days. IN THIS county ..... years ..... month ..... days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Canyon
(c) City Caldwell
(d) Street Address or R.F.D.No. 7th Cleveland Blvd
(e) How long has MOTHER lived in Idaho? 32 yrs. 9 yrs.
(f) Mother's mailing address deceased
3. RESIDENCE of FATHER (city, state) deceased

4. FULL NAME OF CHILD Almeda mae Cupp
5. Date of Birth (Month, day year) April 18 1896
6. Sex Female
7. Twin or Triplet ..... If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9 mo
9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Charles Hamelton Cupp
11. Color or Race White
12. Age at time of THIS birth 38 yrs.
13. Birthplace Ohio (City or town) (State or foreign country)
14. Exact Occupation Carpenter
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Lillie Luella Blaisdell
17. Color or Race White
18. Age at time of THIS birth 32 yrs
19. Birthplace Kansas (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum .....
23. Number of children of this mother: (a) At time of birth and including this child ..... (b) Born alive and now living ..... (c) Born alive and now dead ..... (d) Stillborn .....

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date (born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

RECEIVED JUL 29 1941

26. (a) ..... (Date received) (b) Mabel H. Keeler (Registrar's signature)
27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature ..... M.D. (D.O., Midwife, etc.)
and address ..... Date .....

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

State of Oregon
County of Multnomah } ss.

I, Lena Bontrager {nee Cupp} being first duly sworn, say that I am related to (Related to (or) acquainted with)
Almeda mae Cupp (Name of person on certificate above) as sister (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Mabel Lee (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Mrs Lena Bontrager (Signature)
3144 No. Troy. Portland Ore (P. O. Address)

Subscribed and sworn to before me on this 15th day of July, 1941

(SEAL) Harry D. Samuels Notary Public, residing at 2644 N. E. 27th AVE

My commission expires: January 20, 1945

DEC 4 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received ~~and filed by~~ the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

392-102-025-165

317078

United States Department of Commerce Bureau of Census

(Be sure the information is as of date of birth of THIS child)

AUG 1 1941

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 317078
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH**
   (a) County Idaho (b) City Denver
   (c) Street Address or R.F.D.No. Country
   (d) Name of Hospital or Maternity Home: Farm House
   (e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home ..... days. IN **THIS** county ..... years ..... month ..... days

2. **USUAL RESIDENCE of MOTHER** (At time of this birth)
   (a) State ..... (b) County .....
   (c) City .....
   (d) Street Address or R.F.D.No. .....
   (e) How long has **MOTHER** lived in Idaho? ..... yrs.
   (f) Mother's mailing address .....

3. **RESIDENCE of FATHER** (city, state)

4. **FULL NAME OF CHILD** Guy Edward Liston

5. Date of Birth (Month, day year) Dec 2nd 1896

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** John Edward Liston
11. Color or Race White
12. Age at time of THIS birth 44 yrs.
13. Birthplace Rose Common Ireland (City or town) (State or foreign country)
14. Exact Occupation Farming & Mining
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Eloia Gertrude Jones
17. Color or Race White
18. Age at time of THIS birth 25 yrs
19. Birthplace Mcguan Ill. (City or town) (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum .....
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 7 (c) Born alive and now dead 1 (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) AUG 1 1941 (Date received) (b) Mamie Y. Eldredge (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** ..... M.D. (D.O., Midwife, etc.)
and address ..... Date .....

State of .....
County of ..... } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I John Henry Liston, being first duly sworn, say that I am Related To (Related to (or) acquainted with) Guy Edward Liston (Name of person on certificate above) as Brother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Coy Crawley (Name of attendant at birth), who attended said birth Deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

John Henry Liston Signature

Rt 1 Lewiston Ida P. O. Address

Subscribed and sworn to before me on this 7th day of July, 1941

(SEAL)

Hiram D. Eldredge Notary Public, residing at Lewiston, Idaho.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

715-112-010-319 RECEIVED

United States Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

JUL 31 1941

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 317087
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Bonneville (b) City Idaho Falls
(c) Street Address or R.F.D.No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ..... days.
IN THIS county 5 years 6 month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Bonneville
(c) City Idaho Falls
(d) Street Address or R.F.D.No.
(e) How long has MOTHER lived in Idaho? 9½ yrs.
(f) Mother's mailing address Idaho Falls, Idaho

3. RESIDENCE of FATHER (city, state) same

4. FULL NAME OF CHILD John Freemont Gaver

5. Date of Birth (Month, day year) Sept. 12, 1896

6. Sex male

7. Twin or Triplet no

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME John Jackson Gaver
11. Color or Race white
12. Age at time of THIS birth 34 yrs.
13. Birthplace Lincoln (City or town) Illinois (State or foreign country)
14. Exact Occupation Painter & Paperhanger
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Anna Wilhelmina Larsen
17. Color or Race white
18. Age at time of THIS birth 19 yrs
19. Birthplace Runa (City or town) Denmark (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3
(c) Born alive and now dead none (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date
RECEIVED
(born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as .....
(Mother, etc.)

JUL 31 1941

26. (a) ..... (Date received) (b) Mabel T. Eccles (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature Deceased M.D. (D.O., Midwife, etc.)
and address ..... Date .....

State of Idaho
County of Lemhi } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Anna Larsen Gaver, being first duly sworn, say that I am relatedto (Related to (or) acquainted with) John Freemont Gaver (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Wilson (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Anna Larsen Gaver (Signature)

Salmon, Idaho P. O. Address

Subscribed and sworn to before me on this 26th day of July, 1941

(SEAL) Maurice E. Morris Notary Public, residing at Salmon, Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

911-112-035-753

317098

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

JUL 31 1941

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH
(a) County Nez Perce (b) City Lewiston
(c) Street Address or R.F.D.No. G Street
(d) Name of Hospital or Maternity Home: none
(e) Mother's stay BEFORE delivery: In Hosp. or Mat. Home ..... days. IN THIS county 1 years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Nez Perce
(c) City Lewiston
(d) Street Address or R.F.D.No. G Street
(e) How long has MOTHER lived in Idaho? 1 yrs.
(f) Mother's mailing address Lewiston, Idaho

3. RESIDENCE of FATHER (city, state) Lewiston, Ida

4. FULL NAME OF CHILD Leo Clifford Raaberg

5. Date of Birth (Month, day year) Feb. 12, 1896

6. Sex Male

7. Twin or Triplet no

If so—born 1st, 2nd, 3rd -

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Emil T. Raaberg
11. Color or Race white
12. Age at time of THIS birth 35 yrs.
13. Birthplace (City or town) Norway (State or foreign country)
14. Exact Occupation Owner of grocery business
15. Industry or Business Grocery Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Laura M. Peterson
17. Color or Race White
18. Age at time of THIS birth 30 yrs
19. Birthplace (City or town) Denmark (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum dont know
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4 (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) JUL 31 1941 (Date received) (b) Mabel H. Euler (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of Washington } ss.
County of Asotin }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Mrs. Laura Raaberg Lathrop being first duly sworn, say that I am related to (Related to (or) acquainted with) Leo Clifford Raaberg (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. C.W. Shaff (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

X Laura Raaberg Lathrop Signature

RFD#1, Box 126, Clarkston, Wash. P. O. Address

Subscribed and sworn to before me on this 24th day of July, 1941

(SEAL) Burt C Halsey Notary Public, residing at Clarkston.

MAY 16 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

219-12-040-314

#317278 317278

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 317278
Local Reg. No.
Reg. Dist. No. 140

AUG 11 1941

1. **PLACE OF BIRTH**
(a) County Shoshone (b) City Wallace
(c) Street Address or R.F.D.No.
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county ..... years ..... month ..... days

2. **USUAL RESIDENCE of MOTHER** (At time of this birth)
(a) State Idaho (b) County Shoshone
(c) City Wallace
(d) Street Address or R.F.D.No.
(e) How long has **MOTHER** lived in Idaho? 12 yrs.
(f) Mother's mailing address

3. **RESIDENCE of FATHER** (city, state) Wallace, Ida

4. **FULL NAME OF CHILD** William Thomas Barnard

5. Date of Birth (Month, day year) May-22-1896

6. Sex male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Thomas M. Barnard.

11. Color or Race W

12. Age at time of THIS birth 35 yrs.

13. Birthplace W. Virginia. (City or town) (State or foreign country)

14. Exact Occupation Mining Man & Photographer

15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Laura Larsen

17. Color or Race W.

18. Age at time of THIS birth 33 yrs

19. Birthplace Oslo. (City or town) Fl. Norway (State or foreign country)

20. Exact Occupation Housewife.

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 3
(c) Born alive and now dead 1 (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was (born alive, stillborn) at 3:30 A. M. on the date and at the place stated above, and that personal particulars were furnished by Laura Barnard (First name) (Last name), who is related to this child (Mother, etc.)

26. (a) AUG 11 1941 (Date received) (b) Mabel V. Eccles (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address ..... Date .....

State of .....
County of ..... } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I Enoch L. Barnard, being first duly sworn, say that I am related to (Related to (or) acquainted with) William Thomas Barnard (Name of person on certificate above) as brother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 239, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr Lilliman (Name of attendant at birth), who attended said birth Deceased. (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

x Enoch L Barnard Signature
8 Anaconda Mont. P. O. Address

Subscribed and sworn to before me on this 8 day of August 1941

(SEAL)

Elizabeth E. Ward Notary Public, residing at Wallace Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

462-108 029-493

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

AUG 5 1941

State File No. 317510
Local Reg. No. 109
Reg. Dist. No. 210

1. PLACE OF BIRTH
(a) County Latah (b) City Near Troy
(c) Street Address or R.F.D. No. —
(d) Name of Hospital or Maternity Home: —
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home — days. IN **THIS** county 5 years 7 month — days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Near Troy
(d) Street Address or R.F.D. No. —
(e) How long has **MOTHER** lived in Idaho? 5 7/12 yrs.
(f) Mother's mailing address Troy Idaho

3. RESIDENCE of FATHER (city, state) Troy Idaho

4. FULL NAME OF CHILD Earl Julian Dobson

5. Date of Birth (Month, day year) May 8" 1896

6. Sex Male 7. Twin or Triplet — If so—born 1st, 2nd, 3rd — 8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Julian Elihu Dobson
11. Color or Race White 12. Age at time of THIS birth 32 yrs.
13. Birthplace Detroit (City or town) Iowa (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business —

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ina Rose Dickson
17. Color or Race White 18. Age at time of THIS birth 25 1/2 yrs
19. Birthplace Hampshire (City or town) Illinois (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business —

22. Name prophylactic used to prevent Ophthalmia Neonatorum —
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3 (c) Born alive and now dead — (d) Stillborn —

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 1 A.M. on the date and at the place stated above and that personal particulars were furnished by Ina R. Dobson (First name) (Last name), who is related to this child as Mother (Mother, etc.)

26. (a) 7/14 (Date received) (b) H. A. Shaw (Registrar's signature)
27. Given name added on — by — (Registrar's signature)

25. Attendant's **OWN signature** — M.D. (D.O., Midwife, etc.)
and address — Date —

State of Idaho }
County of Shoshone } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Julian Elihu Dobson, being first duly sworn, say that I am related to (Related to (or) acquainted with) Earl Julian Dobson (Name of person on certificate above) as father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. T. Saunders (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Julian Elihu Dobson Signature
Osburn Idaho P. O. Address

Subscribed and sworn to before me on this 4 day of July 1941

(SEAL) Frank G. Smith Notary Public, residing at Osburn Idaho

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

462-128035-497

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

AUG 5 1941

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 317514
Local Reg. No. 164
Reg. Dist. No. 210

1. **PLACE OF BIRTH:**
(a) County Kootenai (b) City Near Rathdrum
(c) Street Address or R F D No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ... days.
In **THIS** county ... years ... months ... days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Kootenai
(c) City Near Rathdrum
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 5 yrs.
(f) Mother's mailing address Rathdrum Idaho

3. **RESIDENCE OF FATHER** (If same as mother, say same) Same

4. **FULL NAME OF CHILD** Ralph Junius Dobson

5. Date of Birth (Month, day, year) Feb. 28. 1896

6. Sex. Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Junius Elias Dobson

11. Color or Race White

12. Age at time of THIS birth 32 yrs.

13. Birthplace Delois (City or town) Iowa (State or foreign country)

14. Exact Occupation Farming

15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Bertha Melissa Dobson

17. Color or Race White

18. Age at time of THIS birth 28 years

19. Birthplace Hampshire (City or town) Illinois (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum —

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 1 (c) Born alive and now dead 1 (d) Stillborn —

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at about 10 AM. on the date and at the place stated above, and that personal particulars were furnished by Bertha M. Dobson (First name) (Last name), who is related to this child as Mother (Mother, etc.)

26. (a) 7-14 (Date received) (b) [signature] (Registrar's signature)

27. Given name added on ... by ... (Registrar's signature)

25. Attendant's **OWN signature** ... M.D. or ... (D.O., Midwife, etc.)
and address ... Date

State of Idaho }
County of Kootenai } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, ..., being first duly sworn, say that I am related to (Related to (or) acquainted with) Ralph Junius Dobson (Name of person on certificate above) as Father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. M. L. Dickson (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

J. Eugene Dobson — Name

[illegible] — P. O. Address

Subscribed and sworn to before me on this 14 day of July

(SEAL) [signature] Notary Public, residing at Orofino Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

263-214 028-214

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 317568
Local Reg. No.
Reg. Dist. No.

AUG 13 1941

1. **PLACE OF BIRTH**
   (a) County Kootnai (b) City Chipmonk city
   (c) Street Address or R.F.D.No.
   (d) Name of Hospital or Maternity Home:
   (e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home ..... days. IN **THIS** county ..... years ..... month ..... days

2. **USUAL RESIDENCE of MOTHER** (At time of this birth)
   (a) State Idaho (b) County Kootnai
   (c) City Chipmonk city
   (d) Street Address or R.F.D.No.
   (e) How long has **MOTHER** lived in Idaho? ..... yrs.
   (f) Mother's mailing address

3. **RESIDENCE of FATHER** (city, state)

4. **FULL NAME OF CHILD** Grace Lula Kole

5. Date of Birth (Month, day year) June 14, 1896

6. Sex female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Cornelious Kole
11. Color or Race white
12. Age at time of THIS birth 46 yrs.
13. Birthplace Bever Dam, Mich. (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Kamphuis
17. Color or Race white
18. Age at time of THIS birth 38 yrs
19. Birthplace Epe Holland-Europe (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 9 (b) Born alive and now living 10 (c) Born alive and now dead 1 (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by John Kole (First name) (Last name), who is related to this child as older brother (Mother, etc.)

26. (a) Aug 6, 1940 (Date received) (b) Grace L. Kole (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... (D.O., Midwife, etc.)
and address Kamiah, Ida Date 8-8-41

State of Washington
County of Latah } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, John Kole, being first duly sworn, say that I am related to (Related to (or) acquainted with) Grace Lula Kole (Name of person on certificate above) as older brother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that no attendant at (Name of attendant at birth) ~~who attended~~ said birth (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

John Kole
Signature
Kamiah, Idaho
P. O. Address

Subscribed and sworn to before me on this 8 day of August 1941

(SEAL)

Notary Public, residing at Clarkston, Wash

Com ex 5-2-42

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

847-109 029-769

317571

United States
Department of Commerce
Bureau of the Census

AUG 13 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 317571
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Latah (b) City Kendrick
(c) Street Address or R.F.D. No. None
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home X days.
In **THIS** county 24 years 3 month days.

2. **USUAL RESIDENCE of MOTHER:** (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Kendrick
(d) Street Address or R.F.D. No. None
(e) How long has **MOTHER** lived in Idaho? 43 yrs.
(f) Mother's mailing address Kendrick, Ida.

3. **RESIDENCE of FATHER** (city, state) Kendrick, Ida.

4. **FULL NAME OF CHILD** Orphie Leland Hupp

5. Date of Birth (Month, day, year) Sept. 9-1896

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd X

8. No. months of Pregnancy

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Orlando Hupp
11. Color or Race White
12. Age at time of THIS birth 46 yrs.
13. Birthplace Laport, Indiana (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Florence Porter
17. Color or Race White
18. Age at time of THIS birth 39 yrs.
19. Birthplace Greeneville, Tennessee (City or town) (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 6
(c) Born alive and now dead 2 (d) Stillborn None

24. I HEREBY CERTIFY That I attended the birth of this child, who was (born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

26. (a) AUG 13 1941 (Date received) (b) Maud Y. Elder (Registrar's signature)

27. Given name added on by (Registrar's signature)

25. Attendant's **OWN signature** M.D. (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Kootenai } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Georgia Downing, being first duly sworn, say that I am related (Related to (or) acquainted with) Orphie Leland Hupp (Name of person on certificate above) (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr A. Hunter (Name of attendant at birth), who attended said birth deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Georgia Downing Signature
P.O. Falls Idaho P. O. Address

Subscribed and sworn to before me on this 11th day of Aug 1941

(SEAL) W. E. Chapin Notary Public, residing at P.O. St Falls Ida

Com Expires April 1942

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

8-17-34

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

466-227037 766

318707

318707

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

AUG 21 1941

State File No.
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH
(a) County Owyhee (b) City
(c) Street Address or R.F.D.No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home ..... days. IN **THIS** county ..... years ..... month ..... days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Owyhee
(c) City
(d) Street Address or R.F.D.No.
(e) How long has **MOTHER** lived in Idaho? 47 yrs.
(f) Mother's mailing address

3. RESIDENCE of FATHER (city, state)

4. FULL NAME OF CHILD Rachel Mowbray

5. Date of Birth (Month, day year) 2-27-1896

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Robert Mowbray
11. Color or Race White
12. Age at time of THIS birth 31 yrs.
13. Birthplace Boise (City or town) Idaho (State or foreign country)
14. Exact Occupation Laborer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Sarah Frances Goff
17. Color or Race White
18. Age at time of THIS birth 24 yrs
19. Birthplace Middleton (City or town) Idaho (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was (born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

26. (a) AUG 21 1941 (Date received) (b) Marvel H Geeder (Registrar's signature)

27. Given name added on by (Registrar's signature)

25. Attendant's **OWN signature** M.D. (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Ada } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, William E. Goff, being first duly sworn, say that I am Related to (Related to (or) acquainted with) Rachel Mowbray (Name of person on certificate above) as Her Uncle (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Rachel Goff (Name of attendant at birth), who attended said birth is now deceased and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located)

William E. Goff Signature

1517 Grove St Boise Idaho P. O. Address

Subscribed and sworn to before me on this 20th day of August 1941

(SEAL) E V Brucum Notary Public, residing at Boise, Idaho

FEB 5 1959

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

433-202014-433

318733

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 318733
Local Reg. No.
Reg. Dist. No.

AUG

1. **PLACE OF BIRTH:**
(a) County Canyon (Gem) (b) City Falk (Store)
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
In **THIS** county ..... years ..... month ..... days.

2. **USUAL RESIDENCE of MOTHER:** (At time of this birth)
(a) State ..... (b) County .....
(c) City .....
(d) Street Address or R.F.D. No. .....
(e) How long has **MOTHER** lived in Idaho? ..... yrs.
(f) Mother's mailing address .....

3. **RESIDENCE of FATHER** (city, state):

4. **FULL NAME OF CHILD** Emma Belle McCrossin

5. Date of Birth (Month, day, year) Apr. 2, 1896

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** Wm McCrossan
11. Color or Race White
12. Age at time of THIS birth 33 yrs.
13. Birthplace Baker Co. Ore.
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Annie Stuart McCrossin
17. Color or Race White
18. Age at time of THIS birth 29 29 yrs.
19. Birthplace Falk Store (Ada Co.) Idaho
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum .....
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 4
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) Aug 19-1941 (Date received) (b) Mabel H Calder (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of Idaho
County of Gem } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, ..., being first duly sworn, say that I am ..... (Related to (or) acquainted with) ..... (Name of person on certificate above) as ..... (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ..... (Name of attendant at birth), who attended said birth ..... (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

John B. Davies Signature

Emmett Idaho P. O. Address

Subscribed and sworn to before me on this 15th day of August, 1941

(SEAL) Wm L Clark Notary Public, residing at Emmett, Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

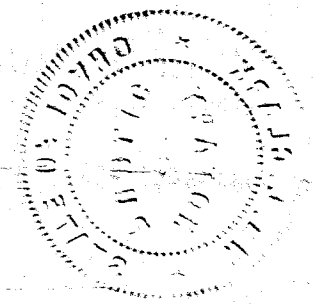
1-25-41

SEP 4 1985

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



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397 103030 367

318846

United States Department of Commerce AUG 22 1941 Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH**
   (a) County Lemhi (b) City Junction
   (c) Street Address or R.F.D.No.
   (d) Name of Hospital or Maternity Home:
   (e) Mother's stay **BEFORE** delivery:
   In Hosp. or Mat. Home ..... days.
   IN **THIS** county ..... years ..... month ..... days

2. **USUAL RESIDENCE of MOTHER** (At time of this birth)
   (a) State Idaho (b) County Lemhi
   (c) City Junction
   (d) Street Address or R.F.D.No.
   (e) How long has **MOTHER** lived in Idaho? 25 yrs.
   (f) Mother's mailing address Junction Idaho

3. **RESIDENCE of FATHER** (city, state) Junction Idaho

4. **FULL NAME OF CHILD** Horace Oscar Lipe

5. Date of Birth (Month, day year) Mar 3rd 1896

6. Sex Boy

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Charlie Oscar Lipe
11. Color or Race White
12. Age at time of THIS birth 29 yrs.
13. Birthplace Hu Quoin Ill (City or town) (State or foreign country)
14. Exact Occupation Teamster
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Golden Daisy Cotton
17. Color or Race White
18. Age at time of THIS birth 19 yrs
19. Birthplace Sharta Ill (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1 (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date (born alive, stillborn) and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

AUG 22 1941

26. (a) ..... (Date received) (b) ..... (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

State of Oregon
County of Multnomah ss.

I, Daisy Cotton Lipe, being first duly sworn, say that I am the Mother (Related to (or) acquainted with) of Horace Oscar Lipe (Name of person on certificate above) — (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr Cope (Name of attendant at birth), who attended said birth Cannot be Located (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Daisy Cotton Lipe Signature

Filer Idaho P. O. Address

Subscribed and sworn to before me on this 14th day of August, 1941

(SEAL) ..... Notary Public, residing at Portland Ore

My Com Exp 6/16/44

AUG 14 1947

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

296-22-001/185 #318903

United States Department of Commerce Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. **318903**
Local Reg. No.
Reg. Dist. No.

SEP - 6 1941

1. **PLACE OF BIRTH**
(a) County Ada (b) City Boise
(c) Street Address or R.F.D.No. 144 E. Idaho St.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home ..... days. IN **THIS** county ..... years ..... month ..... days

2. **USUAL RESIDENCE of MOTHER** (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Boise
(d) Street Address or R.F.D.No. 144 E Idaho St
(e) How long has **MOTHER** lived in Idaho? 26 yrs.
(f) Mother's mailing address 208 Owyhee Blvd

3. **RESIDENCE of FATHER** (city, state) Deceased

4. **FULL NAME OF CHILD** Barbara Agnes Krall

5. Date of Birth (Month, day year) March 21, 1896

6. Sex Female 7. Twin or Triplet 8. If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** John Krall Jr.
11. Color or Race White 12. Age at time of THIS birth 26 yrs.
13. Birthplace Boise (City or town) Idaho (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Lettie Medora Ayers
17. Color or Race White 18. Age at time of THIS birth 24 yrs
19. Birthplace Middleton (City or town) Idaho (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2 (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) SEP - 6 1941 (Date received) (b) Mabel T. Keller (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

State of Idaho
County of Ada } ss.

I, Lettie M. Calay, being first duly sworn, say that I am related to (Related to (or) acquainted with) Barbara Agnes Krall (Name of person on certificate above) mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. A. C. Brosius (Name of attendant at birth) who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Lettie M. Calay Signature
208 Owyhee Blvd - Boise P. O. Address

Subscribed and sworn to before me on this 6th day of Sept. 1941

(SEAL) Notary Public, residing at Boise, Idaho.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

-962-10-1035-617

318953

United States Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH**
   (a) County ~~Latah~~ Nez Perce (b) City Vollmer
   (c) Street Address or R.F.D.No.
   (d) Name of Hospital or Maternity Home: None
   (e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home ..... days. IN **THIS** county 3 years month days

2. **USUAL RESIDENCE of MOTHER** (At time of this birth)
   (a) State Idaho (b) County ~~Latah~~ Nez Perce
   (c) City Vollmer
   (d) Street Address or R.F.D.No.
   (e) How long has **MOTHER** lived in Idaho? 3 yrs.
   (f) Mother's mailing address Vollmer

3. **RESIDENCE of FATHER** (city, state) Vollmer, Ida

4. **FULL NAME OF CHILD** Howard Oliver Robinson

5. Date of Birth (Month, day year) Febr. 1, 1896

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy Nine

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Charles William Robinson
11. Color or Race White
12. Age at time of THIS birth 40 yrs.
13. Birthplace Dowagiac (City or town) Michigan (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ida Elizabeth Waggoner
17. Color or Race White
18. Age at time of THIS birth 38 yrs
19. Birthplace Littlerock, Illinois (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 4 (c) Born alive and now dead 1 (d) Stillborn None

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date (born alive, stillborn) and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) AUG 22 1941 (Date received) (b) Mary M Keeler (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of Washington
County of Walla Walla } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Ida Elizabeth Robinson, being first duly sworn, say that I am related to (Related to (or) acquainted with) Howard Oliver Robinson (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that (none) (Name of attendant at birth), who attended said birth (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Ida Elizabeth Robinson Signature

Waitsburg, Washington. P. O. Address

Subscribed and sworn to before me on this 19th day of August, 1941

(SEAL)

Notary Public, residing at Waitsburg.

8-29-41

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

266-123004-266

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 318955
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH:**
(a) County Bear Lake (b) City Montpelier
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Family Home
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days. Family Homes
In **THIS** county 9 years month days.

2. **USUAL RESIDENCE of MOTHER:** (At time of this birth)
(a) State Idaho (b) County Bear Lake
(c) City Montpelier
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 9 yrs.
(f) Mother's mailing address Montpelier (deceased)

3. **RESIDENCE of FATHER** (city, state) Montpelier, Ida. (now deceased)

4. **FULL NAME OF CHILD** Louis Clinton Bowen

5. Date of Birth (Month, day, year) Nov. 23, 1896

6. Sex male

7. Twin or Triplet no

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Brigham Harris Bowen
11. Color or Race white
12. Age at time of THIS birth 43 yrs.
13. Birthplace Abersychan, South Wales, G.B. (City or town) (State or foreign country)
14. Exact Occupation Blacksmith
15. Industry or Business Blacksmithing

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Emma Vilate Lee Bowen
17. Color or Race white
18. Age at time of THIS birth 36 yrs.
19. Birthplace Tooele (City or town) Utah (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business Household

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 9 (b) Born alive and now living 6 (c) Born alive and now dead 3 (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 2:30 A M. on the date and at the place stated above, and that personal particulars were furnished by Emma Vilate Bowen Holmes (First name) (Last name), who is related to this child as Sister (Mother, etc.)

26. (a) Aug 27-1941 (Date received) (b) Mabel H Fuller (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of Utah
County of Salt Lake } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Emma Vilate Bowen Holmes, being first duly sworn, say that I am related (Related to (or) acquainted with) Louis Clinton Bowen (Name of person on certificate above) as Sister (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. Charles Bridges (Name of attendant at birth), who attended said birth deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Emma Vilate Bowen Holmes Signature
752 Emerson Ave. Salt Lake City Utah P. O. Address

Subscribed and sworn to before me on this 27 day of Aug, 19 41

(SEAL) Mabel Christenson Notary Public, residing at Salt Lake, Utah

26616

1-29-38

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 39, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

249 209 003652

318991

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

AUG 22 1941

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. **PLACE OF BIRTH:**
(a) County Bannock (b) City Pocatello
(c) Street Address or R F D No. 500 Blk. So Harrison
(d) Name of Hospital or Maternity Home:
At home (500 Blk. So Harrison)
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home.....days.
In **THIS** county 7 years.....months.....days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State California (b) County Los Angeles
(c) City Montebello
(d) Street Address or R.F.D. No. 725 No 1st
(e) How long has **MOTHER** lived in Idaho? 30 yrs.
(f) Mother's mailing address 725 No 1st Montebello Cal
3. **RESIDENCE OF FATHER** (city, state) Montebello Cal

4. **FULL NAME OF CHILD** Virginia Florence Smith
5. Date of Birth (Month, day, year) March 9 1896
6. Sex. Female
7. Twin or Triplet
If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Charles Smith
11. Color or Race White
12. Age at time of THIS birth 44 yrs.
13. Birthplace St Johns - New Brunswick - Canada (City or town) (State or foreign country)
14. Exact Occupation Car Inspector - Union Pacific RR
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Emma Jane West
17. Color or Race White
18. Age at time of THIS birth 36 years
19. Birthplace Mason City West Virginia (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum —
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 4
(c) Born alive and now dead 2 (d) Stillborn None

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....(born alive, stillborn) at.....M. on the date and at the place stated above, and that personal particulars were furnished by.....(First name) (Last name), who is related to this child as.....(Mother, etc.)

26. (a) Aug 27 1941 (Date received) (b) Mabel Heder (Registrar's signature)

27. Given name added on.....by.....(Registrar's signature)

25. Attendant's **OWN signature**.....M.D. or.....(D.O., Midwife, etc.)
and address Date

State of California } ss.
County of Los Angeles }

AFFIDAVIT To be completed when ~~the attendant at birth~~ is NOT LIVING or CANNOT BE LOCATED.

I Emma J Smith, being first duly sworn, say that I am related to (Related to (or) acquainted with) Virginia Florence Smith (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. O. B. Steen (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

X Emma J Smith Name
Montebello Calif P. O. Address

Subscribed and sworn to before me on this 19th day of August

(SEAL) Jewel Glasner Notary Public, residing at Pico Calif

My Commission expires May 4 - 1943

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

613 117 003 145

318993

United States Department of Commerce
Bureau of Census

AUG 22 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH
   (a) County Bannock (b) City Cleveland
   (c) Street Address or R.F.D. No. none
   (d) Name of Hospital or Maternity Home: barn at home
   (e) Mother's stay BEFORE delivery: In Hosp. or Mat. Home 0 days. IN THIS county years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
   (a) State Idaho (b) County Bannock
   (c) City Cleveland
   (d) Street Address or R.F.D. No. none
   (e) How long has MOTHER lived in Idaho? 21 yrs.
   (f) Mother's mailing address Cleveland

3. RESIDENCE of FATHER (city, state) Cleveland

4. FULL NAME OF CHILD Arthur Walton

5. Date of Birth (Month, day, year) 6/17/96

6. Sex Male

7. Twin or Triplet no

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME John B. Walton
11. Color or Race White
12. Age at time of THIS birth 26 yrs.
13. Birthplace Eureka (City or town) Utah (State or foreign country)
14. Exact Occupation Laborer
15. Industry or Business farm

MOTHER OF CHILD

16. FULL MAIDEN NAME Charity Ames
17. Color or Race White
18. Age at time of THIS birth 24 yrs.
19. Birthplace Wellsville (City or town) Utah (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business "

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 3 (c) Born alive and now dead 1 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

26. (a) Aug 22-1941 (Date received) (b) Mabel H. Fuller (Registrar's signature)

27. Given name added on ____ by ____ (Registrar's signature)

25. Attendant's OWN signature ____ M.D. (D.O., Midwife, etc.) and address ____ Date ____

State of Idaho
County of Bannock } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Marie Ames, being first duly sworn, say that I am related (Related to (or) acquainted with) Arthur Walton (Name of person on certificate above) as Aunt (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws, and that the facts contained therein are true to the best of my knowledge. I further state that Charolatte Walton (Name of attendant at birth) who attended said birth deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Marie Ames (Signature)

Preston, Idaho. (P. O. Address)

Subscribed and sworn to before me on this 26 day of July, 1941

(SEAL) Fred H. Conder Notary Public, residing at Cleveland

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

132-121014-396

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 319006
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH**
(a) County Canyon now Payette (b) City Payette
(c) Street Address or R.F.D.No.
(d) Name of Hospital or Maternity Home: At Home
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home — days. IN **THIS** county years month days

2. **USUAL RESIDENCE of MOTHER** (At time of this birth)
(a) State Idaho (b) County Canyon now Payette
(c) City Payette
(d) Street Address or R.F.D.No.
(e) How long has **MOTHER** lived in Idaho? 49 yrs.
(f) Mother's mailing address 1610 N 17th St, Boise, Ida.

3. **RESIDENCE of FATHER** (city, state) Deceased

4. **FULL NAME OF CHILD** Marvin Douglas Albert

5. Date of Birth (Month, day year) Nov. 21-1896

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy nine

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Maternus Frederick Albert

11. Color or Race White

12. Age at time of THIS birth 36 yrs.

13. Birthplace Dunshore, Pa. (City or town) (State or foreign country)

14. Exact Occupation City Supt. of Schools.

15. Industry or Business Later, Cashier First National Bank,

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Minnie Elizabeth Troup

17. Color or Race White

18. Age at time of THIS birth 28 yrs

19. Birthplace Newport, Pa. (City or town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 2 (c) Born alive and now dead 1 (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was (born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

26. (a) AUG 25 1941 (Date received) (b) Mabel H. Eckler (Registrar's signature)

27. Given name added on by (Registrar's signature)

25. Attendant's **OWN signature** M.D. (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Ada } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Minnie E. Albert, being first duly sworn, say that I am (Mother) (Related to (or) acquainted with) Marvin Douglas Albert (Name of person on certificate above) as his mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Scott (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Minnie Elizabeth Albert Signature
1610 No 17th Boise Idaho P. O. Address

Subscribed and sworn to before me on this 31st day of July 19 41

(SEAL) W. Mossman Notary Public, residing at Boise

My Comm Exp. 3/8/42

6/2/141

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

314 225 029 613

319094

United States Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

AUG 28 1941

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH
(a) County Latah (b) City Moscow
(c) Street Address or R.F.D.No.
(d) Name of Hospital or Maternity Home: Own Home
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county ..... years ..... month ..... days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Moscow
(d) Street Address or R.F.D.No.
(e) How long has **MOTHER** lived in Idaho? 13 yrs.
(f) Mother's mailing address Moscow, Idaho

3. RESIDENCE of FATHER (city, state) Same

4. FULL NAME OF CHILD Bessie May Camp

5. Date of Birth (Month, day year) 12-25-1896

6. Sex Female **7.** Twin or Triplet ..... If so—born 1st, 2nd, 3rd ..... **8.** No. months of Pregnancy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Elva Marshall Camp
11. Color or Race White **12.** Age at time of THIS birth 41 yrs.
13. Birthplace Springfield, Illinois (City or town) (State or foreign country)
14. Exact Occupation Farmer
15 Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Jamima Anna Walker
17. Color or Race White **18.** Age at time of THIS birth 38 yrs
19. Birthplace Missouri - Sullivan County (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living 7
(c) Born alive and now dead 1 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related as child to ..... (Mother, etc.)

26. (a) AUG 28 1941 (Date received) (b) Maud E. Keefer (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of Oregon
County of Deschutes } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Anna Camp, being first duly sworn, say that I am Related to (Related to (or) acquainted with) Bessie May Camp (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Zennia Williams (Name of attendant at birth), who attended said birth cannot be located (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

x Anna Camp Signature

..... P. O. Address

Subscribed and sworn to before me on this 12th day of August, 1941

(SEAL) NOTARY PUBLIC FOR OREGON Notary Public, residing at Redmond, Oregon

MY COMMISSION EXPIRES JULY 21, 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

893 214014-632

319142

United States Department of Commerce Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Canyon (b) City Payette
(c) Street Address or R.F.D. No. 2
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home ..... days. IN **THIS** county ..... years ..... month ..... days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Canyon
(c) City Payette
(d) Street Address or R.F.D. No. 2
(e) How long has **MOTHER** lived in Idaho? 7 yrs.
(f) Mother's mailing address

3. RESIDENCE of FATHER (city, state)

4. FULL NAME OF CHILD Ellen Irene Hill

5. Date of Birth (Month, day year) 1/14/1896

6. Sex Female

7. Twin or ~~Triplet~~ If so—born 1st, 2nd, ~~3rd~~

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME John Hill

11. Color or Race White

12. Age at time of THIS birth 31 yrs.

13. Birthplace Vislanda, Sweden (City or town) (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Emma Kristine Olsson

17. Color or Race White

18. Age at time of THIS birth 29 yrs.

19. Birthplace Vislanda Sweden (City or town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2 (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) Aug 18-1941 (Date received) (b) Mary I Eldridge (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of Idaho } ss.
County of Ada }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Eva S. Anderson, being first duly sworn, say that I am related to (Related to (or) acquainted with) Ellen Irene Hill (Name of person on certificate above) as aunt (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr Latt (Name of attendant at birth), who attended said birth (Is now deceased ~~(or) cannot be located~~) and that this birth **has not been previously recorded.**

Eva S. Anderson Signature

915 Hays St. Boise Idaho P. O. Address

Subscribed and sworn to before me on this 18 day of August, 1941.

(SEAL) Betty F Fright Notary Public, residing at Boise Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

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DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

251 108 029 962

United States Department of Commerce Bureau of Census

(Be sure the information is as of date of birth of THIS child)

SEP 3 1941

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 319235

Local Reg. No.

Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Latah (b) City Moscow
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Moscow
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 7 yrs.
(f) Mother's mailing address Moscow, Idaho

3. RESIDENCE of FATHER (city, state)

4. FULL NAME OF CHILD Irvin Newton Seals

5. Date of Birth (Month, day year) July 8, 1896

6. Sex male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Charles Newton Seals

11. Color or Race white

12. Age at time of THIS birth 30 yrs.

13. Birthplace Loraine (City or town) Illinois (State or foreign country)

14. Exact Occupation Engineer

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Elizabeth Rosenberger

17. Color or Race white

18. Age at time of THIS birth 29 yrs.

19. Birthplace Hatfield, Pennsylvania (City or town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 3 (c) Born alive and now dead 1 (d) Stillborn None

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by Charles N. Seals (First name) (Last name), who is related to this child as father (Mother, etc)

26. (a) SEP 3 1941 (Date received) (b) Mabel N. Eckler (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of California } ss.
County of Los Angeles }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Charles Newton Seals, being first duly sworn, say that I am related to (Related to (or) acquainted with) Irvin Newton Seals (Name of person on certificate above) as father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that unknown (Name of attendant at birth), who attended said birth (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Charles Newton Seals (Signature)
811 So. Greenville Inglewood Calif (P. O. Address)

Subscribed and sworn to before me on this 26th day of August, 1941

(SEAL) Marjorie Zaruba Notary Public, residing at Inglewood, Calif

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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319453

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

SEP 10 1941

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Canyon (b) City Star
(c) Street Address or R.F.D. No. Star, Idaho
(d) Name of Hospital or Maternity Home: In the home
(e) Mother's stay BEFORE delivery: In Hosp. or Mat. Home ..... days. IN THIS county 8 years 10 month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Canyon
(c) City Ranch near Star
(d) Street Address or R.F.D. No. Star, Idaho
(e) How long has MOTHER lived in Idaho? 22 yrs.
(f) Mother's mailing address Dead Ola, Idaho

3. RESIDENCE of FATHER (city, state) Ola, Idaho

4. FULL NAME OF CHILD George Curtis Flake

5. Date of Birth (Month, day, year) 1-20-1896

6. Sex male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME James E. Flake
11. Color or Race white
12. Age at time of THIS birth 39 yrs.
13. Birthplace Hillsboro (City or town) Ill. (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Louie O'Dell Hughes
17. Color or Race white
18. Age at time of THIS birth 18 yrs.
19. Birthplace Eagle Rock (City or town) Idaho (State or foreign country)
20. Exact Occupation Dead
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 3 (c) Born alive and now dead None (d) Stillborn None

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) SEP 10 1941 (Date received) (b) Mark T. Eelen (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature ..... M.D. (D.O., Midwife, etc.) and address ..... Date .....

State of Idaho
County of Gem } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, James E. Flake, being first duly sworn, say that I am related (Related to (or) acquainted with) George Curtis Flake (Name of person on certificate above) as Father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs Jim Harvey (Name of attendant at birth), who attended said birth Deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

James E Flake Signature

Ola, Idaho P. O. Address

Subscribed and sworn to before me on this 5th day of September 1941

(SEAL) W. L. Guenther Probate Judge, Gem County, Idaho

Notary Public, residing at .....

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

369 111 029 799

319473

United States Department of Commerce Bureau of Census

(Be sure the information is as of date of birth of THIS child)

SEP 10 1941

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Latah (b) City
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home days.
IN **THIS** county 2 years 6 month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Latah
(c) City
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 3 years.
(f) Mother's mailing address Farmington, Wash.

3. RESIDENCE of FATHER (city, state) Latah Co, Idah

4. FULL NAME OF CHILD John Mark Torpey

5. Date of Birth (Month, day year) Sept 11 1896

6. Sex male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Thomas Jefferson Torpey

11. Color or Race white

12. Age at time of THIS birth 33 yrs.

13. Birthplace Paxton, Illinois (City or town) (State or foreign country)

14. Exact Occupation farmer

15. Industry or Business farming

MOTHER OF CHILD

16. FULL MAIDEN NAME Winnie Edith Price

17. Color or Race white

18. Age at time of THIS birth 22 yrs.

19. Birthplace Latah Co. Idaho. (City or town) (State or foreign country)

20. Exact Occupation housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 2 (c) Born alive and now dead 1 (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 4 P. M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as

26. (a) SEP 10 1941 (Date received) (b) Mabel H. Elder (Mother, etc) (Registrar's signature)

27. Given name added on by (Registrar's signature)

25. Attendant's **OWN** signature M.D. (D.O., Midwife, etc.)
and address Date

State of Washington } ss.
County of Whitman }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Thomas J. Torpey, being first duly sworn, say that I am father (Related to (or) acquainted with)
John Mark Torpey (Name of person on certificate above) as father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr J. H. Carper (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Thomas J Torpey Signature
Farmington, Wash. P. O. Address

Subscribed and sworn to before me on this 6th day of September 19 41

(SEAL)

Notary Public, residing at Farmington, Wash.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

692-216022-364

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

SEP 11 1941

State File No. 319500
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Fremont (b) City Edmunds
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county 8 years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City Edmunds
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 8 yrs.
(f) Mother's mailing address Edmunds - Ida.

3. RESIDENCE of FATHER (city, state) " "

4. FULL NAME OF CHILD Gladys Fisher

5. Date of Birth (Month, day year) Aug. 16 - 1896

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** John Thomas Fisher
11. Color or Race White
12. Age at time of THIS birth 34 yrs.
13. Birthplace Ogden (City or town) Utah (State or foreign country)
14. Exact Occupation Farmer + Stockmen
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Elizabeth Compton
17. Color or Race White
18. Age at time of THIS birth 25 yrs.
19. Birthplace Fillmore (City or town) Utah (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 11 (c) Born alive and now dead 3 (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) SEP 11 1941 (Date received) (b) Mary E. Elder (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

State of Idaho } ss.
County of Fremont }

I, John Thomas Fisher, being first duly sworn, say that I am Related (Related to (or) acquainted with) (Name of person on certificate above) as Father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ..... (Name of attendant at birth), who attended said birth deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

J. T. Fisher Signature
St. Anthony Idaho P. O. Address

Subscribed and sworn to before me on this 4th day of September 1941

(SEAL) ..... Notary Public, residing at St. Anthony, Idaho

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

353 120028-113

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce Bureau of Census

(Be sure the information is as of date of birth of THIS child)

SEP 12 1941

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 319502
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Kootenai (b) City Coeur D'Alene
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home ..... days. IN **THIS** county 3 years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Kootenai
(c) City Coeur D'Alene
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 7 yrs.
(f) Mother's mailing address Coeur D'Alene, Idaho.

3. RESIDENCE of FATHER (city, state) Coeur D'Alene Ida

4. FULL NAME OF CHILD Adamir Lecoultre

5. Date of Birth (Month, day year) Dec. 20, 1896.

6. Sex Male **7.** Twin or Triplet **If so—born** 1st, 2nd, 3rd **8.** No. months of Pregnancy 9. **9.** Legitimate? yes.

FATHER OF CHILD

10. FULL NAME Edward Lecoultre.
11. Color or Race White. **12.** Age at time of THIS birth 30 yrs.
13. Birthplace Travers, (City or town) Switzerland. (State or foreign country)
14. Exact Occupation Woodsman.
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Emma Jacot.
17. Color or Race White. **18.** Age at time of THIS birth 26 yrs.
19. Birthplace Les Petit Pont, (City or town) Switzerland. (State or foreign country)
20. Exact Occupation Housewife.
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1. (b) Born alive and now living 3. (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as .....

26. (a) SEP 12 1941 (Date received) (b) (Mother, etc.) Mary Keller (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

State of IDAHO, County of BENEWAH } ss.

I, Jeanne M. Ducommun, being first duly sworn, say that I am cousin (Related to (or) acquainted with) Adamir Lecoultre (Name of person on certificate above) as relationship (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Anna Jacot (Name of attendant at birth), who attended said birth Deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Jeanne M. Ducommun Signature
Emmett Ida P. O. Address

Subscribed and sworn to before me on this 11th day of Sept 1941

(SEAL) A. B. Largent Notary Public, residing at Emmett Ida

commission expires June 28, 1942

NOV 20 1947

SEP 12 1941

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

865210 001417

United States Department of Commerce Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

SEP 12 1941

State File No. 319506

Local Reg. No.

Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Ada (b) City Boise
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county ..... years ..... month ..... days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Boise
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? ..... yrs.
(f) Mother's mailing address

3. RESIDENCE of FATHER (city, state) Boise, Idaho

4. FULL NAME OF CHILD Ellen Hon

5. Date of Birth (Month, day year) May 10, 1896

6. Sex Female **7.** Twin or Triplet — If so—born 1st, 2nd, 3rd — **8.** No. months of Pregnancy **9.** Legitimate? X

FATHER OF CHILD

10. FULL NAME Noble Henry Hon

11. Color or Race white **12.** Age at time of THIS birth 38 yrs.

13. Birthplace Salem (City or town) Indiana (State or foreign country)

14. Exact Occupation contractor

15. Industry or Business Bricklaying & Cement

MOTHER OF CHILD

16. FULL MAIDEN NAME Esther Maxwell

17. Color or Race White **18.** Age at time of THIS birth 32 yrs.

19. Birthplace Des Moign (City or town) Iowa (State or foreign country)

20. Exact Occupation housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 4 (c) Born alive and now dead — (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by Father ## Hon (First name) (Last name), who is related to this child as Mother (Mother, etc.)

26. (a) SEP 1 1941 (Date Received) (b) Mabel H Geer (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

State of Oregon } ss.
County of Malheur }

I, Esther Hon, being first duly sworn, say that I am mother (Related to (or) acquainted with) Ellen Hon Adams (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Sweet (Name of attendant at birth), who attended said birth is deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Esther Hon Signature

Vale, Oregon P. O. Address

Subscribed and sworn to before me on this 11th day of September, 1941

(SEAL) Percy Purvis Notary Public, residing at Vale, Oregon

my com. expires 1-2-1945

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

SEP 17 1941

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report ~~may be received~~ and ~~filed by the local registrar for~~ record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

469 118 014 713

United States Department of Commerce Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 319573

Local Reg. No.

Reg. Dist. No.

SEP 18 1941

1. PLACE OF BIRTH

(a) County Canyon (b) City

(c) Street Address or R.F.D. No.

(d) Name of Hospital or Maternity Home:

(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home days. IN **THIS** county years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)

(a) State Idaho (b) County Canyon

(c) City

(d) Street Address or R.F.D. No.

(e) How long has **MOTHER** lived in Idaho? yrs.

(f) Mother's mailing address

3. RESIDENCE of FATHER (city, state)

4. FULL NAME OF CHILD Arthur Clarence Morrisson

5. Date of Birth (Month, day year) 11, 18, 1896

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** James Rhin Morrisson

11. Color or Race white

12. Age at time of THIS birth yrs.

13. Birthplace Illinois Idaho (City or town) (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Ellen Patterson

17. Color or Race White

18. Age at time of THIS birth yrs.

19. Birthplace (City or town) (State or foreign country)

20. Exact Occupation

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living 5 (c) Born alive and now dead 3 (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was (born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by Mary Ellen Morrisson (First name) (Last name), who is related to this child as Mother (Mother, etc)

26. (a) SEP 22 1941 (Date received) (b) Maud Heeder (Registrar's signature)

25. Attendant's **OWN** signature Mrs. Shelton Thompson M.D. (M.D., Midwife, etc.) and address Date

27. Given name added on by (Registrar's signature)

State of } ss.
County of }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, , being first duly sworn, say that I am (Related to (or) acquainted with) (Name of person on certificate above) as (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that (Name of attendant at birth), who attended said birth (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Signature

P. O. Address

Subscribed and sworn to before me on this day of , 19

(SEAL) Notary Public, residing at

JAN 9 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

692-103046-234

United States Department of Commerce Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

SEP 17 1941

State File No. 319592
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Shoshone (b) City Mullan
(c) Street Address or R.F.D. No. Mining Camp
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county 7 years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Shoshone
(c) City Mullan
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 10 yrs.
(f) Mother's mailing address Died

3. RESIDENCE of FATHER (city, state)

4. FULL NAME OF CHILD Paschal Harry Wise

5. Date of Birth (Month, day year) May 3, 1896

6. Sex Male **7.** Twin or Triplet No. If so—born 1st, 2nd, 3rd **8.** No. months of Pregnancy 8 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Alexander Abraham Wise
11. Color or Race White **12.** Age at time of THIS birth 24 yrs.
13. Birthplace Santa Rosa (City or town) California (State or foreign country)
14. Exact Occupation Merchant
15. Industry or Business Merchantile

MOTHER OF CHILD

16. FULL MAIDEN NAME Juliette Stull
17. Color or Race White **18.** Age at time of THIS birth 25 yrs.
19. Birthplace St Louis (City or town) Mo. (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 1 (c) Born alive and now dead (1) (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as .....

26. (a) SEP 17 1941 (Date received) (b) ..... (Mother, etc.) ..... (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of Oregon } ss.
County of Multnomah }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Alexander Abraham Wise, being first duly sworn, say that I am Related to (Related to (or) acquainted with) Paschal Harry Wise (Name of person on certificate above) as Father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Harrington (Name of attendant at birth), who attended said birth and is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Alexander Abraham Wise Signature

1326 S.W. Clay St. Portland, Oregon P. O. Address

Subscribed and sworn to before me on this 12 day of Sept. 19 41

(SEAL) Gust Anderson Notary Public, for Oregon

Notary Public, residing at Portland Oregon

My commission expires July 4, 1944

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

NOV 3 1941

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

284 114 004-785

319636

United States Department of Commerce Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 319636

Local Reg. No.

Reg. Dist. No.

SEP 30 1941

1. PLACE OF BIRTH
(a) County Bear Lake (b) City Montpelier
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home ..... days. IN **THIS** county ..... years ..... month ..... days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Bear Lake
(c) City Montpelier
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 27 yrs.
(f) Mother's mailing address Montpelier

3. RESIDENCE of FATHER (city, state) same

4. FULL NAME OF CHILD Bryan Chase Shupe

5. Date of Birth (Month, day year) Sept 14 1896

6. Sex male **7.** Twin or Triplet **If so—born** 1st, 2nd, 3rd **8.** No. months of Pregnancy **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME William G Shupe
11. Color or Race White **12.** Age at time of THIS birth 34 yrs.
13. Birthplace Ogden (City or town) Utah (State or foreign country)
14. Exact Occupation Blacksmith
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Caddie M Phelps
17. Color or Race White **18.** Age at time of THIS birth 27 yrs.
19. Birthplace Montpelier (City or town) Idaho (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5 (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) OCT 1 1941 (Date received) (b) Mabel N Felden (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of Idaho } ss.
County of Ada }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Blanche Gidney, being first duly sworn, say that I am sister to (Related to (or) acquainted with) Bryan C. Shupe (Name of person on certificate above) as ..... (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that the midwife (Name of attendant at birth), who attended said birth deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Blanche Gidney Signature
845 West Lewis Pocatello - Idaho P. O. Address

Subscribed and sworn to before me on this 1 day of October, 1941.

(SEAL) Dorothy M. Gray Notary Public, residing at Boise, Idaho
My comm. expires 10/26/43

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

268-202007-289

United States Department of Commerce Bureau of Census

(Be sure the information is as of date of birth of THIS child)

SEP 15 1941

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 319655
Local Reg. No. 733
Reg. Dist. No. 410

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH**
   (a) County Blaine (b) City Hailey
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home ____ days. IN **THIS** county ____ years ____ month ____ days

2. **USUAL RESIDENCE of MOTHER** (At time of this birth)
   (a) State Idaho (b) County Blaine
   (c) City Hailey
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 12 yrs.
   (f) Mother's mailing address Hailey, Idaho

3. **RESIDENCE of FATHER** (City, State) Hailey, Idaho

4. **FULL NAME OF CHILD** Ruby LaReina Boyd

5. ~~Date of~~ Birth (Month, day, year) 6-2-1896

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** William Francis Boyd
11. Color or Race white
12. Age at time of THIS birth 35 yrs.
13. Birthplace Quebec (City or town) Quebec, Canada (State or foreign country)
14. Exact Occupation Miner
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Ann Byrne
17. Color or Race white
18. Age at time of THIS birth 25 yrs.
19. Birthplace Newark (City or town) New Jersey (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Home

22. Name prophylactic used to prevent Ophthalmia Neonatorum Agno3
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3 (c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born Alive 3A (born alive, stillborn) M. on the date and at the place stated above, and that personal particulars were furnished by Mary Boyd (First name) (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. (D.O., Midwife, etc.) and address ____ Date

26. (a) 9-4-1941 (Date received) (b) Robert H. Wright (Registrar's signature)

27. Given name added on ____ by ____ (Registrar's signature)

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

State of Idaho } ss.
County of Blaine }

I, Mary Boyd, being first duly sworn, say that I am Related to (Related to (or) acquainted with) Ruby LaReina Boyd (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ____ (Name of attendant at birth), who attended said birth Deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Mary Boyd Signature

Hailey Idaho P. O. Address

Subscribed and sworn to before me on this 9th day of September, 1941

(SEAL)

R. V. McCoy Notary Public, residing at Hailey Idaho.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

294 109 028 663

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

SEP 15 1941

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 319682
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH:**
   (a) County Kootenai (b) City Coeur d'Alene.
   (c) Street Address or R.F.D. No. Carlin Bay.
   (d) Name of Hospital or Maternity Home:
   (e) Mother's stay **BEFORE** delivery:
   In Hosp. or Mat. Home ..... days.
   In **THIS** county 2 years 6 month 14 days.

2. **USUAL RESIDENCE of MOTHER:** (At time of this birth)
   (a) State Idaho (b) County Kootenai
   (c) City Coeur d'Alene
   (d) Street Address or R.F.D. No. Carlin Bay
   (e) How long has **MOTHER** lived in Idaho? 2 3/4 yrs.
   (f) Mother's mailing address Coeur d'Alene Ida.

3. **RESIDENCE of FATHER** (city, state): Coeur d'Alene, Ida.

4. **FULL NAME OF CHILD** Conrad William Kruger

5. Date of Birth (Month, day, year) Nov. 9, 1896

6. Sex male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Paul Chas. Kruger
11. Color or Race White
12. Age at time of THIS birth 33 yrs.
13. Birthplace Stetin (City or town) Germany (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mathilda J. Wolter
17. Color or Race White
18. Age at time of THIS birth 29 yrs.
19. Birthplace Detroit, Mich. (City or town) (State or foreign country)
20. Exact Occupation House wife -
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2 (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 11 P M. on the date and at the place stated above, and that personal particulars were furnished by Paul Chas. Kruger (First name) (Last name), who is related to this child as Father (Mother, etc.)

26. (a) SEP 15 1941 (Date received) (b) Mabel H Eelfer (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of California
County of Santa Cruz } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Paul Charles Kruger, being first duly sworn, say that I am related to (Related to (or) acquainted with) Conrad William Kruger (Name of person on certificate above) as father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. Day, the Midwife (Name of attendant at birth), who attended said birth deceased, (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Paul Charles Kruger Signature
#10 Cherry Street P. O. Address
Santa Cruz, California,

Subscribed and sworn to before me on this 28th day of July, 1941.

(SEAL)

M. J. Simentel Notary Public, residing at Santa Cruz, California

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

893108-036-316

United States Department of Commerce Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

SEP 18 1941

State File No. 319740

Local Reg. No.

Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Oneida (b) City Preston
(c) Street Address or R.F.D. No. Gen. Delivery
(d) Name of Hospital or Maternity Home: ---
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ---- days.
IN **THIS** county --- years 2 month --- days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Utah (b) County Cache
(c) City Logan
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? four yrs.
(f) Mother's mailing address Logan, Utah

3. RESIDENCE of FATHER (city, state) Logan, Utah

4. FULL NAME OF CHILD Reginald Lawisch Hickman

5. Date of Birth (Month, day year) Oct. 8, 1896

6. Sex Male

7. Twin or Triplet ----- If so—born 1st, 2nd, 3rd ------

8. No. months of Pregnancy 9 mo.

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Josiah Edwin Hickman

11. Color or Race White

12. Age at time of THIS birth 34 yrs.

13. Birthplace Salem (City or town) Utah, U. S. A. (State or foreign country)

14. Exact Occupation Teacher

15. Industry or Business -----

MOTHER OF CHILD

16. FULL MAIDEN NAME Martha Augusta Lawisch

17. Color or Race White

18. Age at time of THIS birth 26 yrs.

19. Birthplace Hanover (City or town) Germany (State or foreign country)

20. Exact Occupation Teacher and housewife

21. Industry or Business -----

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2 (c) Born alive and now dead nil (d) Stillborn nil

24. I HEREBY CERTIFY That I attended the birth of this child, who was ---- (born alive, stillborn) at ---- M. on the date and at the place stated above, and that personal particulars were furnished by ---- (First name) (Last name), who is related to this child as ---- (Mother, etc.)

26. (a) SEP 18 1941 (Date received) (b) Mabel H Reese (Registrar's signature)

27. Given name added on ---- by ---- (Registrar's signature)

25. Attendant's **OWN** signature ---- M.D. (D.O., Midwife, etc.) and address ---- Date ----

State of Utah } ss.
County of Cache }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Martha A. Hickman, being first duly sworn, say that I am related to (Related to (or) acquainted with) Reginald Lawisch Hickman (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. Reese (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Martha A. Lawisch Hickman Signature

54 South 3rd West, Logan, Utah P. O. Address

Subscribed and sworn to before me on this 16th day of September 19 41

(SEAL) Margaret L. Hickman Notary Public, residing at Logan, Utah.

My commission expires: January 12, 1943.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

993124 006-217

United States Department of Commerce Bureau of Census Bingham

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 319754

Local Reg. No.

Reg. Dist. No. Bingham

1. PLACE OF BIRTH
(a) County Bonneville (b) City Idaho Falls
(c) Street Address or R.F.D. No. House not numbered
(d) Name of Hospital or Maternity Home: At residence
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home ..... days. IN **THIS** county 4 years 3 month 14 days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Bonneville
(c) City Idaho Falls (hereafter.
(d) Street Address or R.F.D. No. House not num-
(e) How long has **MOTHER** lived in Idaho? 4 yrs.
(f) Mother's mailing address Idaho Falls-Idaho

3. RESIDENCE of FATHER (city, state) Idaho Falls Idaho.

4. FULL NAME OF CHILD William Glen Rice

5. Date of Birth (Month, day year) Nov. 24, 1896

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Adelbert Leo Rice
11. Color or Race White
12. Age at time of THIS birth 38 yrs.
13. Birthplace Farmington, Utah (City or town) (State or foreign country)
14. Exact Occupation Farmer and contractor
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Harriet Saxton
17. Color or Race White
18. Age at time of THIS birth 22 yrs.
19. Birthplace Patterson, New Jersey (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2 (c) Born alive and now dead (d) Stillborn
24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 8 P. M. on the date and at the place stated above, and that personal particulars were furnished by Harriet Rice (First name) (Last name), who is related to this child as Mother (Mother, etc.)
26. (a) Sept 17-1941 (Date received) (b) Mabel E Eccles (Registrar's signature)
27. Given name added on ..... by ..... (Registrar's signature)
25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.) and address ..... Date

State of California } ss.
County of Los Angeles }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Harriet Rice, being first duly sworn, say that I am related (Related to (or) acquainted with) William Glen Rice (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. Ingersol (Name of attendant at birth), who attended said birth cannot be located (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Harriet Rice Signature

1022 West Third Street, Pomona, Calif. P. O. Address

Subscribed and sworn to before me on this 17th. day of September 1941

(SEAL) Jessie Anderson Notary Public, residing at Pomona, Calif.

My Commission Expires Jan. 6th, 1944.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

418-211 026-697

United States Department of Commerce Bureau of Census

(Be sure the information is as of date of birth of THIS child)

SEP 25 1941

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 321037
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Cassia (b) City Basin
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home ..... days. IN **THIS** county ..... years ..... month ..... days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Cassia
(c) City Basin
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 3 yrs.
(f) Mother's mailing address Basin, Idaho

3. RESIDENCE of FATHER (city, state)

4. FULL NAME OF CHILD Elva Marie Dayley

5. Date of Birth (Month, day year) March 11, 1896

6. Sex F **7.** Twin or Triplet Nil If so—born 1st, 2nd, 3rd Nil **8.** No. months of Pregnancy Reg. **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME James Nephi Dayley
11. Color or Race W. **12.** Age at time of THIS birth 24 yrs.
13. Birthplace Grantsville, Utah (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Clara Almeda Wixom
17. Color or Race Wh **18.** Age at time of THIS birth 20 yrs.
19. Birthplace Fillmore, Utah (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 1 (c) Born alive and now dead 1 (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) P. M. on the date and at the place stated above, and that personal particulars were furnished by James Nephi Dayley (First name) (Last name), who is related to this child as father (Mother, etc.)

26. (a) SEP 25 1941 (Date received) (b) Maud H Eccles (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature Mrs. Jeanette Dayley deceased M.D. (D.O., Midwife, etc.)
and address Date

State of Idaho } ss.
County of Cassia }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, James Nephi Dayley, being first duly sworn, say that I am related to (Related to (or) acquainted with) Elva Marie Dayley (Name of person on certificate above) as father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Jeanette Dayley (Name of attendant at birth), who attended said birth is now deceased. (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

James Nephi Dayley Signature
R. R. #1 Burley, Idaho P. O. Address

Subscribed and sworn to before me on this 23 day of September 19 41

(SEAL) Notary Public, residing at Burley, Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 6 1954

SEP 26 1941

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

595-219-035666

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 321054
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** SEP 24 1941
   (a) County Nez Perce (b) City LELAND
   (c) Street Address or R F D No.
   (d) Name of Hospital or Maternity Home: At Home
   (e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home .....days. In **THIS** county 20 years .....months .....days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
   (a) State Idaho (b) County Nez Perce
   (c) City Leland
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 20 yrs.
   (f) Mother's mailing address Lapwai
3. **RESIDENCE OF FATHER** (city, state) Lapwai

4. **FULL NAME OF CHILD** DORA KATHERINE VINCENT
5. Date of Birth (Month, day, year) May 19 1896
6. Sex Female
7. Twin or Triplet
   If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** John Vincent
11. Color or Race White
12. Age at time of THIS birth 37 yrs.
13. Birthplace Brownstown Vermont (City or town) (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Emma Woodard
17. Color or Race White
18. Age at time of THIS birth 28 years
19. Birthplace Joplin Missouri (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 6 (c) Born alive and now dead 3 (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) SEP 24 1941 (Date received) (b) Mabel T Gelder (Registrar's signature)

25. Attendant's **OWN signature** ..... M.D. or ..... (D.O., Midwife, etc.)
and address ..... Date

27. Given name added on ..... by ..... (Registrar's signature)

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

State of Idaho }
County of Latah } ss.

I Marvin R. Vincent, being first duly sworn, say that I am Relative (Related to (or) acquainted with) Dora Katherine Vincent (Name of person on certificate above) as Brother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Hawkins (Name of attendant at birth), who attended said birth Deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Marvin R. Vincent ..... Name
Leland, Idaho ..... P. O. Address

Subscribed and sworn to before me on this 19 day of Sept. 1941

(SEAL) ..... Notary Public, residing at Kendrick, Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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663 116 003 419

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

SEP 24 1941

CERTIFICATE OF BIRTH

STATE OF IDAHO

321055

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. **PLACE OF BIRTH:**
(a) County Bannock (b) City Robin
(c) Street Address or R F D No.....
(d) Name of Hospital or Maternity Home: ----
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home -- days.
In **THIS** county 20 years ..... months ..... days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County.....
(c) City (now deceased)
(d) Street Address or R.F.D. No.....
(e) How long has **MOTHER** lived in Idaho? ..... yrs.
(f) Mother's mailing address McCammon

3. **RESIDENCE OF FATHER** (city, state) Idaho

4. **FULL NAME OF CHILD** DAVID LEVI WOLVERTON

5. Date of Birth (Month, day, year) Aug. 16, 1896

6. Sex. Male

7. Twin or Triplet --

If so—born 1st, 2nd, 3rd --

8. No. months of Pregnancy --

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** THOMAS ELI WOLVERTON
11. Color or Race white
12. Age at time of THIS birth 36 yrs.
13. Birthplace Ogden, (City or town) Utah (State or foreign country) USA
14. Exact Occupation Farming
15. Industry or Business -

MOTHER OF CHILD

16. **FULL MAIDEN NAME** ANNIE MARLEY
17. Color or Race white
18. Age at time of THIS birth 26 years
19. Birthplace Laketown, (City or town) Idaho (State or foreign country)
20. Exact Occupation ---
21. Industry or Business ---

22. Name prophylactic used to prevent Ophthalmia Neonatorum ---
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 6 (c) Born alive and now dead 1 (d) Stillborn ---

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at Robin -- M. on the date and at the place stated above, and that personal particulars were furnished by me (First name) (Last name), who is related to this child as father (Mother, etc.)

26. (a) SEP 24 1941 (Date received) (b) Mabel Hurley (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** --- M.D. or --- (D.O., Midwife, etc.)
and address McCammon, Idaho Date May 9, 41

State of Idaho
County of Jerome } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Thomas Eli Wolverton, being first duly sworn, say that I am father related (Related to (or) acquainted with) (Name of person on certificate above) as father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ~~MRS.~~ Nancy (Name of attendant at birth) Marley who attended said birth as deceased (Is now deceased (or) cannot be located), and that this birth has not been previously recorded.

Thomas Eli Wolverton Name

McCammon, Idaho. P. O. Address

Subscribed and sworn to before me on this 9th day of May 1941

(SEAL)

Notary Public, residing at Jerome, Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 16 1946

AUG 24 1954

AUG 25 1954

SEP 5 1963

SEP 26 1963

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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533 205035-736

321136

United States Department of Commerce Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Nespers (b) City
(c) Street Address or R.F.D. No. Unknown
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home days.
IN **THIS** county years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Nespers
(c) City
(d) Street Address or R.F.D. No. unknown
(e) How long has **MOTHER** lived in Idaho? yrs.
(f) Mother's mailing address Union Town, Wash.

3. RESIDENCE of FATHER (city, state) Idaho

4. FULL NAME OF CHILD ELIZABETH EILMANN

5. Date of Birth (Month, day year) May 5, 1896

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME JOHN EILMANN

11. Color or Race White

12. Age at time of THIS birth 51 yrs.

13. Birthplace Germany (City or town) (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business Farming

MOTHER OF CHILD

16. FULL MAIDEN NAME MARGARET GLOE

17. Color or Race White

18. Age at time of THIS birth 40 yrs.

19. Birthplace Germany (City or town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business In own home

22. Name prophylactic used to prevent Ophthalmia Neonatorum Unknown

23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 6 (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive at 11 P. M. (born alive, stillborn) on the date and at the place stated above, and that personal particulars were furnished by Martha Eilmann (First name) (Last name), who is related to this child as older sister.

26. (a) Sept 24-1941 (Date received) (b) Mabel T Eilers (Mother, etc.) (Registrar's signature)

27. Given name added on by (Registrar's signature)

25. Attendant's **OWN** signature M.D. (D.O., Midwife, etc.)
and address Date

State of California } ss.
County of Orange }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, MARTHA EILMANN, being first duly sworn, say that I am related to (Related to (or) acquainted with) Elizabeth Eilmann (Name of person on certificate above) as older sister (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. Miller (Name of attendant at birth), who attended said birth cannot be located (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Martha Eilmann Signature

701 N. Pacific St., Santa Ana, Cal. P. O. Address

Subscribed and sworn to before me on this 24th day of September, 1941.

(SEAL) Ruth Robertson Notary Public, residing at Santa Ana, Cal.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

7-30-41

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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DELAYED

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

321141

1. PLACE OF BIRTH
County of Kootenai
City of Morton
No. ____ St.
(If born in hospital or institution give name.)

Registration District No. ____ State File No. ____
Prim. Registration District No. ____ Local Registrar's No. ____

2. FULL NAME OF CHILD Charley James Campbell

3. Sex: Male

If plural births: 4. Twin, triplet, or other ____ 5. Number, in order of birth ____

6. Premature ____ Full term Yes

7. Legitimate? Yes

8. Date of birth Sept. 21, 1896 (Month, Day, Year)

FATHER

9. Full name James H. Campbell

10. Residence (usual place of abode) (If non-resident, give place and State) Wash.

11. Color or race W | 12. Age at last birthday 35 (years)

13. Birthplace (city or place) (State or Country) Wisconsin

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ____

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Farmer

16. Date (month and year) last engaged in this work ____, 19____ | 17. Total time (years) spent in this work ____

MOTHER

18. Full maiden name Bertha Kennedy

19. Residence (usual place of abode) (If non-resident, give place and State) ____

20. Color or race ____ | 21. Age at last birthday 27 (years)

22. Birthplace (city or place) (State or Country) ____

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. ____

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. ____

25. Date (month and year) last engaged in this work ____, 19____ | 26. Total time (years) spent in this work ____

27. What prophylactic was used to prevent Ophthalmia Neonatorum? ____

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living ____ (b) Born alive but now dead ____ (c) Stillborn ____

29. If stillborn, period of gestation ____ { months or weeks

30. Cause of Stillbirth ____ { Before labor ____ During labor ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ____ at ____ m. on the date above stated.
(Born Alive or Stillborn)

(Signed) James H Campbell Father, ~~M. D.~~

or ____, Midwife

Address 2024 E. Buckeye Spokane Wash

Filed Sept 30 —, 1941 Mabel H Geiger
Registrar.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report Sept 30 - 1941 (Date of)

Registrar.

OCT 10 1941

314 121 028 255

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

State of Idaho
County of Bonner } ss.

James H Campbell being first duly sworn says that he is the Father (Relationship of child)* of Charley James Campbell born Sept 21, 1896 (Date of birth) at Moyie, Idaho, whose certificate of birth is hereto attached, and that James H. ~~C.~~ Campbell desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said Charley James Campbell hereto attached are true and correct as stated therein, and that this birth has not been previously recorded.

Affiant further states that James H. Campbell, father ~~M. D.~~ Midwife was the ~~medical~~ attendant at the birth of said Charley James Campbell and that the said medical attendant is was none present.
(Now deceased (or) cannot be located)

Name of Affiant James H Campbell

P. O. Address 2024 West Buckeye, Spokane Wash

Subscribed and sworn to before me this 30th day of September, 1941

Harold W Farley
(Notary Public.

Residing at NOTARY PUBLIC RESIDING SANDPOINT, IDAHO MY COMMISSION EXPIRES APRIL 3, 1945, Idaho.

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating relationship of the affiant, as brother, sister, cousin, etc.

OCT 10 1941

493-213035 294

United States Department of Commerce Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 321143
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Lewis (b) City Nezperce
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at Home
(e) Mother's stay **BEFORE** delivery: Home
In Hosp. or Mat. Home ..... days.
IN **THIS** county 1 years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Lewis
(c) City Nezperce Nez Perce
(d) Street Address or R.F.D. No. 0
(e) How long has **MOTHER** lived in Idaho? one yrs.
(f) Mother's mailing address deceased

3. RESIDENCE of FATHER (city, state) Nez Perce Ida

4. FULL NAME OF CHILD Leona Madge Miller

5. Date of Birth (Month, day year) Nov. 13 - 1896

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Perry E. Miller

11. Color or Race white

12. Age at time of THIS birth 28 yrs.

13. Birthplace Scio (City or town) Oregon (State or foreign country)

14. Exact Occupation Farmer and

15. Industry or Business Hardware Dealer

MOTHER OF CHILD

16. FULL MAIDEN NAME Annie E. Simpson

17. Color or Race white

18. Age at time of THIS birth 24 yrs.

19. Birthplace Adams (City or town) Oregon (State or foreign country)

20. Exact Occupation Farmers Wife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 2
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born (born alive, stillborn) at Nez Perce M. on the date and at the place stated above, and that personal particulars were furnished by Perry E Miller (First name) (Last name), who is related to this child as Father (Mother, etc.)

26. (a) Sept 25-41 (Date received) (b) Maud Hagler (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of Washington } ss.
County of Lincoln }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Perry E. Miller, being first duly sworn, say that I am Father (Related to (or) acquainted with) Leona Madge Miller (Name of person on certificate above) as Father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. John Graham (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Perry E Miller Signature
Box 230 Soap Lake Wash P. O. Address

Subscribed and sworn to before me on this 22nd day of September 19 41
(SEAL) L C Bailey Notary Public, residing at Harrington

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 17 1958

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

213-215 025 155

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 321199
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Idaho (b) City Cottonwood
(c) Street Address or R.F.D. No. R.F.D.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home.....days.
In **THIS** county.....years....4....months.....days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State J (b) County
(c) City
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho?.....yrs.
(f) Mother's mailing address
3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Emma Henrietta Hedwig Kalin
5. Date of Birth (Month, day, year) Aug. 15, 1896
6. Sex. Female
7. Twin or Triplet — If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Frank Meinrad Kalin
11. Color or Race White
12. Age at time of THIS birth 37 yrs.
13. Birthplace Ensidelin (City or town), Switzerland (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Anna Rosalie Jenni
17. Color or Race White
18. Age at time of THIS birth 38 years
19. Birthplace Berne (City or town), Switzerland (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living 7 (c) Born alive and now dead 1 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....(born alive, stillborn) at.....M. on the date and at the place stated above, and that personal particulars were furnished by.....(First name) (Last name), who is related to this child as.....(Mother, etc.)

26. (a) Sept 30-1941 (Date received) (b) Maud M Keeler (Registrar's signature)

27. Given name added on.....by.....(Registrar's signature)

25. Attendant's **OWN signature**.....M.D. or.....(D.O., Midwife, etc.)
and address Date

State of California } ss.
County of Santa Barbara

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, M. F. Kalin, being first duly sworn, say that I am Related to (Related to (or) acquainted with) Emma Henrietta Hedwig Kalin (Name of person on certificate above) as Brother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Father, Frank Kalin (Name of attendant at birth) who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

x M. F. Kalin Name
Lompoc, Calif. P. O. Address

Subscribed and sworn to before me on this 26th day of May 1941

(SEAL) M. Ramos Notary Public, residing at Lompoc, Calif.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 130, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes of Section [illegible] Chapter 3, Title 39, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

493-207008-813

321241 321241

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce Bureau of Census

RECEIVED OCT 13 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Boise (b) City Sweet
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home days.
IN **THIS** county years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Boise
(c) City Sweet
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 21 yrs.
(f) Mother's mailing address

3. RESIDENCE of FATHER (city, state)

4. FULL NAME OF CHILD Ellen Mae Miller

5. Date of Birth (Month, day year) Aug 7, 1896

6. Sex F

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Edgar Holt Miller

11. Color or Race white

12. Age at time of THIS birth 37 yrs.

13. Birthplace Pittsville (City or town) Missouri (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Ellen Jane Hall

17. Color or Race white

18. Age at time of THIS birth 28 yrs.

19. Birthplace Baldwin, (City or town) Kansas (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 4 (c) Born alive and now dead 1 (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was (born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

26. (a) Oct 13-1941 (Date received) (b) Mabel H. Calder (Registrar's signature)

27. Given name added on by (Registrar's signature)

25. Attendant's **OWN** signature M.D. (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Ada } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Ellen Jane Miller, being first duly sworn, say that I am related to (Related to (or) acquainted with) Ellen Mae Miller (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. Von Harton (Name of attendant at birth), who attended said birth now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Ellen Jane Miller Signature

134 N 4th St Vale Dallas Ore P. O. Address

Subscribed and sworn to before me on this 13th day of October 1941.

(SEAL) Myrna L. Brewer Notary Public, residing at Boise

NOV 20 1943

APR 24 1958

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

459-212006-433

321381

United States Department of Commerce Bureau of Census

(Be sure the information is as of date of birth of THIS child)

OCT 1 1941

RECEIVED

State File No.
Local Reg. No.
Reg. Dist. No.

CERTIFICATE OF BIRTH
STATE OF IDAHO

1. PLACE OF BIRTH
(a) County Bingham (b) City Idaho Falls
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county / years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Bingham
(c) City Idaho Falls
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 1 yrs.
(f) Mother's mailing address Idaho Falls

3. RESIDENCE of FATHER (city, state) Idaho Falls

4. FULL NAME OF CHILD Gertrude Estelle Merriam

5. Date of Birth (Month, day year) 11-12-1896

6. Sex girl

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Buchanan Read Merriam

11. Color or Race white

12. Age at time of THIS birth 22 yrs.

13. Birthplace Sigourney, Iowa (City or town) (State or foreign country)

14. Exact Occupation Brakeman

15. Industry or Business U. P. R. R

MOTHER OF CHILD

16. FULL MAIDEN NAME Rose McCarey

17. Color or Race white

18. Age at time of THIS birth 19 yrs.

19. Birthplace Dubuque Iowa (City or town) (State or foreign country)

20. Exact Occupation

21. Industry or Business

22. Name ~~prophylactic used to prevent~~ Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1 (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) OCT 1 1941 (Date received) (b) Mabel H Keller (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

AFFIDAVIT

To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

State of California } ss.
County of Los Angeles }

I, Rose Mc Carey Merriam, being first duly sworn, say that I am Mother related (Related to (or) acquainted with) Gertrude Estelle Merriam (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Elizabeth McCarey (Name of attendant at birth) who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Rose McCarey Merriam Signature

4015 N. La Salle P. O. Address

Subscribed and sworn to before me on this 27th day of September 1941

(SEAL) Frank P. Dillon Notary Public, residing at 5327-6th Ave Los Angeles, Calif

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 22 1966

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

314-20-2036-696 (Be sure the information is as of date of birth of THIS child)

United States Department of Commerce Bureau of Census

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 321409
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County [redacted] (b) City Weston
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At Home
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home ..... days. IN **THIS** county ..... years ..... month ..... days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State [redacted] (b) County [redacted] Oneida
(c) City Weston
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 78 yrs.
(f) Mother's mailing address Weston Idaho

3. RESIDENCE of FATHER (city, state)

4. FULL NAME OF CHILD Ethel Luella Campbell

5. Date of Birth (Month, day year) March 2 1896

6. Sex Girl

7. Twin or Triplet ..... If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME John Henry Campbell

11. Color or Race Anglo Saxon

12. Age at time of THIS birth 33 yrs.

13. Birthplace dont know (City or town) (State or foreign country)

14. Exact Occupation

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Julia Anna Fairfield

17. Color or Race Anglo Saxon

18. Age at time of THIS birth 46 yrs.

19. Birthplace (City or town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 12 (b) Born alive and now living 9 (c) Born alive and now dead 3 (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) OCT 6 1941 (Date received) (b) Mabel Keeler (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature Dead M.D. (D.O., Midwife, etc.)
and address ..... Date

State of Idaho } ss.
County of Franklin }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Julia Campbell Peek, being first duly sworn, say that I am Related To (Related to (or) acquainted with) Ethel Lucile Campbell (Name of person on certificate above) as Sister (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Maria Maughan (Name of attendant/at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Mrs Julia Campbell Peek. Signature
Malad Idaho P. O. Address

Subscribed and sworn to before me on this 3rd day of Oct 1941

(SEAL) Thomas Preston Notary Public, residing at Weston Idaho

MAR 30 1959

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in ~~the Bureau of~~ Vital Statistics ~~for the purposes and uses~~ prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

515-120-040-845

United States Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

RECEIVED OCT 3 1941

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 321424
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH**
(a) County Shoshone (b) City Murray
(c) Street Address or R.F.D. No. (Home) Log Cabin
(d) Name of Hospital or Maternity
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county ..... years ..... month ..... days

2. **USUAL RESIDENCE of MOTHER** (At time of this birth)
(a) State Idaho (b) County
(c) City Murray
(d) Street Address or R.F.D. No. None
(e) How long has **MOTHER** lived in Idaho? 1 yrs.
(f) Mother's mailing address Murray

3. **RESIDENCE of FATHER** (city, state) Murry, Idaho.

4. **FULL NAME OF CHILD** Adeline Idaho Van Voorhis

5. Date of Birth (Month, day year) July 20 1896

6. Sex

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 mo.

9. Legitimate? yes.

FATHER OF CHILD

10. **FULL NAME** Charles Henry Van Voorhis
11. Color or Race White
12. Age at time of THIS birth 31 yrs.
13. Birthplace Gratiot (City or town) Wis. (State or foreign country)
14. Exact Occupation Decorator
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Elizabeth Maud Huett
17. Color or Race White
18. Age at time of THIS birth 28 yrs.
19. Birthplace Warren (City or town) Ill. (State or foreign country)
20. Exact Occupation Home wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 2
(c) Born alive and now dead 3 (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as .....

26. (a) OCT 3 1941 (Date received) (b) Mabel H Feeler (Mother, etc.) (Registrar's signature)

27. Given name added on RECEIVED by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of Washington } ss.
County of Whitman }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Charles Henry Van Voorhis, being first duly sworn, say that I am related to (Related to (or) acquainted with) Adeline Idaho Van Voorhis (Name of person on certificate above) as Father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Stellar (Name of attendant at birth), who attended said birth cannot be located (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Charles Henry Van Voorhis Signature
Colfax Washington P. O. Address

Subscribed and sworn to before me on this 22 day of September 1941

(SEAL) Clyde E. Lacey Notary Public, residing at Colfax, Wash.
Court Commissioner

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

OCT 8 1941

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such ~~report may be~~ received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

295-116-007-695

321556

United States Department of Commerce Bureau of Census

(Be sure the information is as of date of birth of THIS child)

OCT 8 1941

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.

Local Reg. No. 152

Reg. Dist. No. 410

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH — RECEIVED
   (a) County Blaine (b) City Hailey
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mother's stay BEFORE delivery: In Hosp. or Mat. Home ____ days. IN THIS county ____ years ____ month ____ days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
   (a) State Idaho (b) County Blaine
   (c) City Hailey
   (d) Street Address or R.F.D. No.
   (e) How long has MOTHER lived in Idaho? 6 yrs.
   (f) Mother's mailing address Hailey, Idaho

3. RESIDENCE of FATHER (city, state) Hailey, Idaho

4. FULL NAME OF CHILD Melbourne Bryan Kingsbury

5. Date of Birth (Month, day, year) 8-16-1896

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Daniel Kingsbury
11. Color or Race White
12. Age at time of THIS birth 33 yrs.
13. Birthplace Centerville (City or town) Iowa (State or foreign country)
14. Exact Occupation Blacksmith
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Alice Fredenberg
17. Color or Race White
18. Age at time of THIS birth 31 yrs.
19. Birthplace Toronto, Ontario, Canada (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Home

22. Name prophylactic used to prevent Ophthalmia Neonatorum Argo3

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2 (c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born Alive (born alive, stillborn) M. on the date and at the place stated above, and that personal particulars were furnished by Mrs. Mollie Schwamb (First name) (Last name), who is related to this child as personal friend of Mother (Mother, etc.)

26. (a) 10-7-1941 (Date received) (b) Robert H. Wright (Registrar's signature)

27. Given name added on ____ by ____ (Registrar's signature)

25. Attendant's OWN signature ____ M.D. (D.O., Midwife, etc.) and address ____ Date ____

State of Idaho
County of Blaine } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Mollie Schwamb, being first duly sworn, say that I am acquainted with (Related to (or) acquainted with) Melbourne Bryan Kingsbury (Name of person on certificate above) as Close friend of family (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. N. J. Brown (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Mollie Schwamb Signature

Hailey, Idaho P. O. Address

Subscribed and sworn to before me on this 7th day of October 19 41

(SEAL) Joseph M Dula Notary Public, residing at Hailey, Idaho

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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321655

United States Department of Commerce Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

OCT 9 194?

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH**
   (a) County Alturas (b) City Crichton
   (c) Street Address or R.F.D.No.
   (d) Name of Hospital or Maternity Home:
   (e) Mother's stay **BEFORE** delivery:
   In Hosp. or Mat. Home ..... days.
   IN **THIS** county 3 years month days

2. **USUAL RESIDENCE of MOTHER** (At time of this birth)
   (a) State Idaho (b) County Alturas
   (c) City Crichton
   (d) Street Address or R.F.D.No.
   (e) How long has **MOTHER** lived in Idaho? 18 yrs.
   (f) Mother's mailing address Crichton, Ida

3. **RESIDENCE of FATHER** (city, state) Crichton, Ida

4. **FULL NAME OF CHILD** Alice Melinda Severe

5. Date of Birth (Month, day year) 5/16/1896

6. Sex female

7. Twin or Triplet No

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Lyman Dill Severe

11. Color or Race white

12. Age at time of THIS birth 30 yrs.

13. Birthplace Grantsville, Utah (City or town) (State or foreign country)

14. Exact Occupation Farming

15. Industry or Business Farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Etta Edith Lyle Otterson

17. Color or Race white

18. Age at time of THIS birth 18 yrs

19. Birthplace Mountain Home, Idaho (City or town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business —

22. Name prophylactic used to prevent Ophthalmia Neonatorum 2% Silver Nitrate

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2 (c) Born alive and now dead — (d) Stillborn —

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date (born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) OCT 9 194? (Date received) (b) Mabel H Felden (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of California
County of Riverside } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, ETTA EDITH Lyle Severe, being first duly sworn, say that I am Related to (Related to ~~(or) acquainted with~~) Alice Melinda Severe (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. J. D. Walker (Name of attendant at birth), who attended said birth IS NOW Deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Etta Edith Lyle Severe Signature
Route 1 Box 476 Riverside, Calif. P. O. Address

Subscribed and sworn to before me on this 2nd day of October 194?

(SEAL) J. J. McGuire Jr. Notary Public, residing at Riverside, Calif

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

OCT 15 1941

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

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321685

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 321685
Local Reg. No.
Reg. Dist. No.

OCT 14 1941 RECEIVED

1. PLACE OF BIRTH
(a) County Bear Lake (b) City St. Charles
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ____ days.
IN THIS county 10 years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City St. Charles Bear Lake Co.
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 10 yrs.
(f) Mother's mailing address St. Charles, Idaho

3. RESIDENCE of FATHER (city, state) " "

4. FULL NAME OF CHILD JESSE EARL (IRL) BOOTH

5. Date of Birth (Month, day, year) April 11, 1896

6. Sex Male

7. Twin or Triplet single

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME HERMAN MOSIAH BOOTH
11. Color or Race White
12. Age at time of THIS birth 36 yrs.
13. Birthplace Grantsville, Utah (City or town) (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business farm

MOTHER OF CHILD

16. FULL MAIDEN NAME FRANCES ELIZABETH JOSEPH
17. Color or Race white
18. Age at time of THIS birth 33 yrs.
19. Birthplace San Francisco, California (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business home

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 6 (c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by Herman M. Booth (First name) (Last name), who is related to this child as oldest brother (Mother, etc.)

26. (a) OCT 14 1941 (Date received) (b) Mabel H. Eccles (Registrar's signature)

27. Given name added on ____ by ____ (Registrar's signature)

25. Attendant's OWN signature ____ M.D. (D.O., Midwife, etc.)
and address ____ Date

State of California } ss.
County of Los Angeles }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Herman M. Booth, being first duly sworn, say that I am oldest brother (Related to (or) acquainted with) JESSE EARL (IRL) BOOTH (Name of person on certificate above) as oldest brother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that name unknown (Name of attendant at birth), who attended said birth cannot be located (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

x Herman M. Booth. Signature

7358 Craner ave. Roscoe, Calif. P. O. Address

Subscribed and sworn to before me on this 6 day of October, 1941

(SEAL) Blanche G. Farrand Notary Public, residing at No. Hollywood Calif

OCT 15 1941

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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321788

United States Department of Commerce Bureau of Census

(Be sure the information is as of date of birth of THIS child)

OCT 15 1941

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Boise (b) City Roseberry
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home ..... days. IN **THIS** county ..... years ..... month ..... days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Boise
(c) City Roseberry
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 7 yrs.
(f) Mother's mailing address Roseberry Ida.

3. RESIDENCE of FATHER (city, state) " "

4. FULL NAME OF CHILD Neal Boydstun

5. Date of Birth (Month, day year) 11/6/1896

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME William B. Boydstun

11. Color or Race White

12. Age at time of THIS birth 26 yrs.

13. Birthplace Granby (City or town) Mo. (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Hattie Cole

17. Color or Race White

18. Age at time of THIS birth 19 yrs.

19. Birthplace Senica Mo. (City or town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2 (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by W. B. Boydstun (First name) (Last name), who is related to this child as Father (Mother, etc.)

26. (a) OCT 15 1941 (Date received) (b) Mary Keller (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of Idaho
County of Valley } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, W. B. Boydstun, being first duly sworn, say that I am related to (Related to (or) acquainted with) Neal Boydstun (Name of person on certificate above) as Father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Tuttle (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded**.

W B Boydstun William Boydstun Signature

McCall Idaho P. O. Address

Subscribed and sworn to before me on this 6 day of Oct 1941

(SEAL) Herman H. White Notary Public, residing at McCall

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

OCT 17 1941

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DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

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321791

United States Department of Commerce Bureau of Census

(Be sure the information is as of date of birth of THIS child)

OCT 15 1941

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Kootenai (b) City RURAL
(c) Street Address or R.F.D. No. Post Falls, Ida.
(d) Name of Hospital or Maternity Home: —
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home — days. IN **THIS** county years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Kootenai
(c) City Rural
(d) Street Address or R.F.D. No. —
(e) How long has **MOTHER** lived in Idaho? 5 yrs.
(f) Mother's mailing address Post Falls, Ida.

3. RESIDENCE of FATHER (city, state)

4. FULL NAME OF CHILD Johnnie Hiram Hearing

5. Date of Birth (Month, day year) June 8, 1896

6. Sex Male

7. Twin or Triplet No If so—born 1st, 2nd, 3rd —

8. No. months of Pregnancy —

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME HIRAM HEARING

11. Color or Race White

12. Age at time of THIS birth 37 yrs.

13. Birthplace Missouri (City or town) (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business —

MOTHER OF CHILD

16. FULL MAIDEN NAME Emma Hodges

17. Color or Race White

18. Age at time of THIS birth 36 yrs.

19. Birthplace California (City or town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business —

22. Name prophylactic used to prevent Ophthalmia Neonatorum —

23. Number of children of this mother: (a) At time of birth and including this child 9 (b) Born alive and now living 7 (c) Born alive and now dead 3 (d) Stillborn None

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

26. (a) OCT 15 1941 (Date received) (b) Mabel E. Culley (Registrar's signature)

27. Given name added on ____ by ____ (Registrar's signature)

25. Attendant's **OWN** signature ____ M.D. (D.O., Midwife, etc.) and address ____ Date ____

State of WASHINGTON } ss.
County of SPOKANE }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, INEZ BARNES, being first duly sworn, say that I am related (Related to (or) acquainted with) Johnnie HIRAM HEARING (Name of person on certificate above) as older sister (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that the doctor (Name of attendant at birth), who attended said birth cannot be located (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Inez Barnes Signature

ROSKFORD, WASHINGTON P. O. Address

Subscribed and sworn to before me on this 9 day of Oct 1946

(SEAL) ____ Notary Public, residing at Rockford Wash

OCT 17 1941

JAN 13 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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#321800

United States Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

OCT 21 1941

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 321800
Local Reg. No.
Reg. Dist. No.

RECEIVED

1. PLACE OF BIRTH (a) County Idaho (b) City Ranch 8 miles from Cottonwood, Idaho
(c) Street Address or R.F.D.No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home ..... days. IN **THIS** county 18 years 3 month 3 days

2. **USUAL RESIDENCE of MOTHER** (At time of this birth)
(a) State Idaho (b) County Idaho
(c) City Ranch 8 miles from Cottonwood, Ida.
(d) Street Address or R.F.D.No. x
(e) How long has **MOTHER** lived in Idaho? 18 yrs.
(f) Mother's mailing address Cottonwood, Idaho

3. **RESIDENCE of FATHER** (city, state) Cottonwood, Id

4. **FULL NAME OF CHILD** Julian Robert Jones

5. Date of Birth (Month, day year) 5-1-1896

6. Sex Male

7. Twin or Triplet NO

If so—born 1st, 2nd, 3rd x

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Asa Jones
11. Color or Race White
12. Age at time of THIS birth 36 yrs.
13. Birthplace California (City or town) (State or foreign country)
14. Exact Occupation Rancher-Stockman
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Margaret Rooke
17. Color or Race White
18. Age at time of THIS birth 27 yrs
19. Birthplace Kenoye County West Virgina (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4 (c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date (born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) OCT 21 1941 (Date received) (b) Marvel M Keeler (Registrar's signature)

27. Given RECEIVED on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of Idaho
County of Idaho } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Nannie E. Rooke, being first duly sworn, say that I am related (Related to (or) acquainted with)
Julian Robert Jones (Name of person on certificate above) as grandmother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Turner (Name of attendant at birth), who attended said birth dead Cannot be located (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Nannie E Rooke Signature
Cottonwood Idaho P. O. Address

Subscribed and sworn to before me on this ..... day of Sept. 1941

(SEAL) W. W. Wint Notary Public, residing at Cottonwood, Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 321806

Local Reg. No.

Reg. Dist. No.

RECEIVED OCT 17 1941

1. PLACE OF BIRTH
(a) County Idaho (b) City On ranch
(c) Street Address or R.F.D. No. The Point
(d) Name of Hospital or Maternity Home: 18 miles west of Grangeville,
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home ..... days. Ranch
IN **THIS** county 5 years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Idaho
(c) City The Point 18 mi. west of
(d) Street Address or R.F.D. No. Grangeville
(e) How long has **MOTHER** lived in Idaho? five yrs.
(f) Mother's mailing address Grangeville, Id.

3. RESIDENCE of FATHER (city, state) Grangeville

4. FULL NAME OF CHILD Mary Bryan Hamilton,

5. Date of Birth (Month, day year) Nov. 10, 1896

6. Sex female **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnancy nine **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME Sidney Franklin Hamilton

11. Color or Race White **12.** Age at time of THIS birth 41 yrs.

13. Birthplace Macon (City or town) Mo. (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business Farming

MOTHER OF CHILD

16. FULL MAIDEN NAME Tessa Mary Reed

17. Color or Race White **18.** Age at time of THIS birth 25 yrs.

19. Birthplace Central City, (City or town) Iowa (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business none

22. Name prophylactic used to prevent Ophthalmia Neonatorum none

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1 (c) Born alive and now dead none (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 4 A. M. on the date and at the place stated above, and that personal particulars were furnished by Tessa Reed (First name) Hamilton (Last name) who is related to this child as Mother (Mother, etc.)

26. (a) OCT 17 1941 (Date received) (b) Mabel E Eder (Registrar's signature)

27. Given name RECEIVED on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of California } ss.
County of San Diego }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Tessa Reed Hamilton, being first duly sworn, say that I am the mother of (Related to (or) acquainted with)
Mary Bryan Hamilton (Name of person on certificate above) as (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. Bidsy Dentlay (Name of attendant at birth) who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Tessa Reed Hamilton Signature
7216 G" Street, National City, Cal. P. O. Address

Subscribed and sworn to before me on this 8th day of October, 19 41.

(SEAL) O. C. Ludwig Notary Public, residing at National City, Calif.

(My Com. Expes. June 30, 1943.)

NOV 17 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

493-224-001-B7 X

322908

United States Department of Commerce Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 322908

Local Reg. No.

Reg. Dist. No.

OCT 24 1941 RECEIVED

1. PLACE OF BIRTH
(a) County Ada (b) City Boise
(c) Street Address or R.F.D. No. main St
(d) Name of Hospital or Maternity Home: Born in private home of parents
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home ..... days. IN **THIS** county 17 years 6 month 18 days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Boise
(d) Street Address or R.F.D. No. Main St
(e) How long has **MOTHER** lived in Idaho? 25 yrs.
(f) Mother's mailing address 824 Fort St

3. RESIDENCE of FATHER (city, state) deceased

4. FULL NAME OF CHILD Averyl Angell Dickinson

5. Date of Birth (Month, day year) Sept 24, 1896

6. Sex Female **7.** Twin or Triplet ..... If so—born 1st, 2nd, 3rd ..... **8.** No. months of Pregnancy 7 **9.** Legitimate? Yes

FATHER OF CHILD	MOTHER OF CHILD
10. **FULL NAME** Oscar Henry Dickinson	16. **FULL MAIDEN NAME** Alice Beckett Angell
11. Color or Race White	17. Color or Race White
12. Age at time of THIS birth 28 yrs.	18. Age at time of THIS birth 25 yrs.
13. Birthplace Idaho City (City or town) Idaho (State or foreign country)	19. Birthplace Silver City (City or town) Idaho (State or foreign country)
14. Exact Occupation Merchant	20. Exact Occupation Wife
15. Industry or Business	21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum .....

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living None (c) Born alive and now dead None (d) Stillborn None

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as .....

26. (a) OCT 24 1941 (Date received) (b) Mary H Eckles (Registrar's signature)

27. Given name received on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.) and address ..... Date .....

State of ..... } ss.
County of ..... }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Alice Angell Dickinson (Mrs. O.H.), being first duly sworn, say that I am Related to (Related to (or) acquainted with) Averyl Angell Dickinson (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that L. C. Bowers M. D., (Name of attendant at birth) who attended said birth deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Alice Angell (Mrs. O.H.) Dickinson Signature

824 Fort St. Boise, Idaho P. O. Address

Subscribed and sworn to before me on this 24 day of October, 1941.

(SEAL) Mildred A. Bailey Notary Public residing at Boise Idaho

Comm Exp 11-5-43

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

349-220-030-693 322921

United States Department of Commerce Bureau of Census

(Be sure the information is as of date of birth of THIS child) OCT 27 1941

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 322921
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Lemhi (b) City Salmon
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home ..... days. IN **THIS** county ..... years ..... month ..... days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Lemhi
(c) City Salmon
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 15 yrs.
(f) Mother's mailing address Salmon Idaho

3. RESIDENCE of FATHER (city, state) Salmon Idaho

4. FULL NAME OF CHILD Pearl Ethel Turner

5. Date of Birth (Month, day year) Sept 20-1896

6. Sex Female

7. Twin or Triplet

If so born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Andrew Turner

11. Color or Race White

12. Age at time of THIS birth 33 yrs.

13. Birthplace Ellingsfors (City or town) Sweden (State or foreign country)

14. Exact Occupation Foreman Salmon Gold Mining Co

15. Industry or Business Mining - Hydraulic

MOTHER OF CHILD

16. FULL MAIDEN NAME Laura Ellen Williams

17. Color or Race White

18. Age at time of THIS birth 17 yrs.

19. Birthplace Grantsville (City or town) Utah (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Silver Nitrate 1%

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1 (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date (born alive, stillborn) and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as .....

26. (a) OCT 27 1941 (Date received) (b) Mabel Keeler (Mother, etc.) (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of California
County of Sacramento } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Andrew Turner, being first duly sworn, say that I am Related To (Related to (or) acquainted with) Pearl Ethel Turner (Name of person on certificate above) as a Father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ..... (Name of attendant at birth), who attended said birth ..... (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Andrew Turner Signature
Folsom Calif. P. O. Address

Subscribed and sworn to before me on this 21st day of October, 1941.
(SEAL) Chas M. Garnett Notary Public, residing at .....

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

4/66-10 71 036-313

322943

United States Department of Commerce Bureau of Census

(Be sure the information is as of date of birth of THIS child)

OCT 22 1941

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Oneida (b) City Rockland
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county 8 years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Oneida
(c) City Rockland
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 36 yrs.
(f) Mother's mailing address Deceased

3. RESIDENCE of FATHER (city, state) Deceased

4. FULL NAME OF CHILD Francis Hunly Moore

5. Date of Birth (Month, day year) Oct. 7, 1896

6. Sex Male

7. Twin or Triplet No

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Macklin Moore

11. Color or Race White

12. Age at time of THIS birth 46 yrs.

13. Birthplace Nashville (City or town) Tennessee (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business Agriculture

MOTHER OF CHILD

16. FULL MAIDEN NAME Eliza Talbot

17. Color or Race White

18. Age at time of THIS birth 39 yrs.

19. Birthplace near Cape Town (City or town) South Africa (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business Home

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4 (c) Born alive and now dead 3 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as .....

26. (a) OCT 29 1941 (Date received) (b) Mabel F. Eadler (Mother, etc.) (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of Idaho } ss.
County of Bannock }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Rufus Albert Moore, being first duly sworn, say that I am related to (Related to (or) acquainted with) Francis Hunly Moore (Name of person on certificate above) as a brother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. Lish (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Rufus Albert Moore Signature

R. F. D. 4 N. Pocatello, Idaho P. O. Address

Subscribed and sworn to before me on this 21st day of October, 1941

(SEAL) ..... Notary Public, residing at Pocatello, Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 10 1942

OCT 5 1961

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

391-127-029-386

323053

United States Department of Commerce Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

OCT 24 1944 RECEIVED

1. PLACE OF BIRTH
(a) County LATAH (b) City Juliaetta
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: NO
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county 4 years — month — days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State IDAHO (b) County LATAH
(c) City Juliaetta
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 4 yrs.
(f) Mother's mailing address Juliaetta

3. RESIDENCE of FATHER (city, state) Juliaetta Ida

4. FULL NAME OF CHILD ARTHUR BRIAN CRAWFORD

5. Date of Birth (Month, day year) July 27, 1896

6. Sex MALE

7. Twin or Triplet NO

If so—born 1st, 2nd, 3rd —

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME SAMUEL MARION CRAWFORD

11. Color or Race WHITE

12. Age at time of THIS birth 29 yrs.

13. Birthplace WOODBURN (City or town) OREGON (State or foreign country)

14. Exact Occupation FARMING OREGON

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME MALINDA JANE THORNTON

17. Color or Race WHITE

18. Age at time of THIS birth 29 yrs.

19. Birthplace AMITY (City or town) OREGON (State or foreign country)

20. Exact Occupation HOUSEWIFE

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum BORIC ACID

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3 (c) Born alive and now dead NONE (d) Stillborn NONE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) OCT 24 1944 (Date received) (b) Mabel H. Fuller (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)
RECEIVED

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of IDAHO
County of LEWIS } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, JANE CRAWFORD, being first duly sworn, say that I am RELATED (Related to (or) acquainted with) ARTHUR BRIAN CRAWFORD (Name of person on certificate above) as MOTHER (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that LUCETIA CRAWFORD (Name of attendant at birth), who attended said birth DECEASED (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Jane Crawford
Signature
WINCHESTER IDA
P. O. Address

Subscribed and sworn to before me on this 24th day of October, 1944.
(SEAL)
John Maldon Notary Public, residing at Winchester Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

312-105-044-331

United States Department of Commerce Bureau of Census

(Be sure the information is as of date of birth of THIS child)

OCT 23 1941

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 323064

Local Reg. No.

Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Washington (b) City Meadows
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: None Idaho.
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home ..... days. IN **THIS** county 1 years 11 month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Washington
(c) City Meadows
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 3 yrs.
(f) Mother's mailing address Riggins Ida.

3. RESIDENCE of FATHER (city, state) Riggins Ida.

4. FULL NAME OF CHILD Louis Crawford Lakey

5. Date of Birth (Month, day year) 3/5/1896

6. Sex Male

7. Twin or Triplet No - If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Andrew J. Lakey.
11. Color or Race white
12. Age at time of THIS birth 32 yrs.
13. Birthplace Walla Walla Wash. (City or town) (State or foreign country)
14. Exact Occupation Common Labor
15. Industry or Business Farm Labor

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Eunice Gray
17. Color or Race White
18. Age at time of THIS birth 20 yrs.
19. Birthplace Shenandoah Kansas (City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business none.

22. Name prophylactic used to prevent Ophthalmia Neonatorum None
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2 (c) Born alive and now dead no (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (born alive, stillborn) at 10 P. M. on the date and at the place stated above, and that personal particulars were furnished by Mary E. Lakey (First name) (Last name), who is related to this child as Mother (Mother, etc.)

26. (a) OCT 23 1941 (Date received) (b) Mabel H Eccles (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature Deceased M.D. (D.O., Midwife, etc.) and address Riggins Date 10 22 41

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

State of Idaho } ss.
County of Idaho }

I, Mary E. Lakey, being first duly sworn, say that I am Mother (Related to (or) acquainted with) Louis Crawford Lakey (Name of person on certificate above) as Daughter Son (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that my Brother deceased (Name of attendant at birth), who attended said birth Deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Mary Eunice Lakey Signature
Riggins Idaho P. O. Address

Subscribed and sworn to before me on this 30 day of October 1941

(SEAL) John A. Clary Notary Public, residing at Riggins Ida

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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331-112-010-551

323111

United States Department of Commerce Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

OCT 27 1941 RECEIVED

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Bonneville (b) City Idaho Falls
(c) Street Address or R.F.D. No. 134 W. 14th St.,
(d) Name of Hospital or Maternity Home: At home
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home ..... days. None
IN **THIS** county ..... years ..... month ..... days Came here in 1890

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Bonneville
(c) City Idaho Falls
(d) Street Address or R.F.D. No. 132 W. 14 St.
(e) How long has **MOTHER** lived in Idaho? ..... yrs.
(f) Mother's mailing address Died in 1932.

3. RESIDENCE of FATHER (city, state) 435 2nd St.

4. FULL NAME OF CHILD George Dewey Clark

5. Date of Birth (Month, day year) Dec. 12, 1896

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Thomas Clark

11. Color or Race White

12. Age at time of THIS birth 41 yrs.

13. Birthplace Wichita, (City or town) Kansas (State or foreign country)

14. Exact Occupation Painter

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Sarah Ann Evans

17. Color or Race White

18. Age at time of THIS birth 31 yrs.

19. Birthplace Malad, (City or town) Idaho. (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used ~~to prevent~~ Ophthalmia Neonatorum .....

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 3 (c) Born alive and now dead None (d) Stillborn None

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) OCT 27 1941 (Date received) (b) Mabel H. Keefer (Registrar's signature)

27. Given RECEIVED ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of Idaho } ss.
County of Bonneville }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Thomas Clark, being first duly sworn, say that I am related to (Related to (or) acquainted with) George Dewey Clark (Name of person on certificate above) as father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. T.C. Willson (Name of attendant at birth), who attended said birth is deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Thomas Clark. Signature

435 2nd St., Idaho Falls, Ida. P. O. Address

Subscribed and sworn to before me on this 21 day of Oct., 19 41

(SEAL) Louise Keefer, Notary Public, residing at Idaho Falls, Ida.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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688-113-001-695

OCT 28 1941

#323193

323193

United States Department of Commerce Bureau of Census

RECEIVED

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 323193

Local Reg. No.

Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Ada (b) City or Town Boise
(c) Street Address or R.F.D. No. X
(d) Name of Hospital or Maternity Home: Resident
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home .....days. IN **THIS** county ..... years ..... month ..... days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Boise
(d) Street Address or R.F.D. No. X
(e) How long has **MOTHER** lived in Idaho? 14 yrs.
(f) Mother's mailing address Boise Idaho

3. RESIDENCE of FATHER (city, state)

4. FULL NAME OF CHILD Frank Herbert Whyman

5. Date of Birth (Month, day year) Apr 13 1896

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate?

FATHER OF CHILD

10. FULL NAME William H Whyman

11. Color or Race White

12. Age at time of THIS birth 32 yrs.

13. Birthplace Erie (City or town) Pa (State or foreign country)

14. Exact Occupation Teamster

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Josie Jane Windle

17. Color or Race White

18. Age at time of THIS birth 30 yrs.

19. Birthplace Columbus Ohio (City or town) (State or foreign country)

20. Exact Occupation House Wife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum .....

23. Number of children of this mother: (a) At time of birth and including this child..... (b) Born alive and now living..... (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as .....

26. (a) OCT 29 1941 (Date received) (b) Mary H Felder (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

RECEIVED

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of Idaho } ss.
County of Ada }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, William H Whyman, being first duly sworn, say that I am related to (Related to (or) acquainted with) Frank Herbert Whyman (Name of person on certificate above) as father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs Robbins (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

William H Whyman Signature

Boise Idaho 1720 N 6th P. O. Address

Subscribed and sworn to before me on this 29 day of Oct 19 41

(SEAL) ..... Notary Public, residing at Boise, Ida

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

512-128-001-555

323221

323221

NOV

RECEIVED

United States Department of Commerce Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 323221

Local Reg. No.

Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Ada (b) City N. W. Eagle
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: On Farm
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home ..... days. IN **THIS** county ..... years ..... month ..... days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Ada
(c) City N. W. Eagle
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 20 yrs.
(f) Mother's mailing address Eagle Idaho

3. RESIDENCE of FATHER (city, state)

4. FULL NAME OF CHILD Clifford Irwin Eastman

5. Date of Birth (Month, day year) Aug 28-1896

6. Sex Male

7. Twin or Triplet no

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 mo

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Dawson H Eastman

11. Color or Race White

12. Age at time of THIS birth 31 yrs.

13. Birthplace Iowa (City or town) (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Nellie Everett

17. Color or Race White

18. Age at time of THIS birth 20 yrs.

19. Birthplace Ada County - Idaho (City or town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 1 (c) Born alive and now dead 1 (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 10 A M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc)

26. (a) NOV 3 1941 (Date received) (b) Mabel H Elder (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature A W Stall M.D. (D.O., Midwife etc.)

and address ..... Date .....

State of ..... } ss.
County of ..... }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, ..., being first duly sworn, say that I am ..... (Related to (or) acquainted with) ..... (Name of person on certificate above) as ..... (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ..... (Name of attendant at birth), who attended said birth ..... (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

.....Signature

.....P. O. Address

Subscribed and sworn to before me on this ..... day of ....., 19.....

(SEAL) .....Notary Public, residing at .....

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 7 1967

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

845-120-144-366

United States Department of Commerce Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 323256

Local Reg. No.

Reg. Dist. No.

Oct 24 1941

1. PLACE OF BIRTH
(a) County Washington (b) City Salilbria
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county ..... years ..... month ..... days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Washington
(c) City Salilbria
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 22 yrs.
(f) Mother's mailing address same

3. RESIDENCE of FATHER (city, state)

4. FULL NAME OF CHILD Cecil Canova Hunt

5. Date of Birth (Month, day year) Dec. 20, 1896

6. Sex male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Ernest Erwin Hunt

11. Color or Race white

12. Age at time of THIS birth 28 yrs.

13. Birthplace Sedalia, Pettis, Mo.
(City or town) (State or foreign country)

14. Exact Occupation school teacher

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Anna Josephine Cook

17. Color or Race white

18. Age at time of THIS birth 22 yrs.

19. Birthplace Catherine Creek, Owyhee Co. Idaho
(City or town) (State or foreign country)

20. Exact Occupation housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date (born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) Oct 24 1941 (Date received) (b) Mabel H. Gale (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of Oregon } ss.
County of Multnomah }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Ernest Erwin Hunt, being first duly sworn, say that I am father of (Related to (or) acquainted with)
Cecil Canova Hunt (Name of person on certificate above) as ..... (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. S. P. Hunt (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Ernest Erwin Hunt Signature

5505 N.E. Rodney Ave. Portland, Ore. Address

Subscribed and sworn to before me on this 22nd day of October, 1941.

(SEAL) Mose Harrington NOTARY PUBLIC FOR OREGON Notary Public, residing at Portland, Ore.

MY COMMISSION EXPIRES 1944

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 21 1942

JUL 12 1944

NOV 15 1945

OCT 22 1952

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father, or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

791 106 029 168

323431

United States Department of Commerce Bureau of Census

(Be sure the information is as of date of birth of THIS child)

NOV 3 1941

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Latah (b) City Anderson
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: None
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home ..... days. IN **THIS** county 8 years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Anderson
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? ..... yrs.
(f) Mother's mailing address Avon Idaho

3. RESIDENCE of FATHER (city, state)

4. FULL NAME OF CHILD Axel Arthur Granlund

5. Date of Birth (Month, day year) Aug. 6 1896

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Erick Peter Granlund

11. Color or Race White

12. Age at time of THIS birth 39 yrs.

13. Birthplace Dorlana (City or town) Sweden (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Sarah Christina Johnson

17. Color or Race White

18. Age at time of THIS birth 33 yrs.

19. Birthplace Dorlana (City or town) Sweden (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 5 (c) Born alive and now dead 2 (d) Stillborn 1

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) NOV 3 1941 (Date received) (b) Carl Fuller (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

State of Idaho } ss.
County of Latah }

I, Albert Granlund, being first duly sworn, say that I am related to (Related to (or) acquainted with) Axel Arthur Granlund (Name of person on certificate above) as older brother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws, and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. Johanna Lundgren (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has **not been previously recorded.**

Albert Granlund ..... Signature

Avon Idaho ..... P. O. Address

Subscribed and sworn to before me on this 1 day of November 1941.

(SEAL)

E. Brooke ..... Notary Public, residing at Troy Ida.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

363 106 040-791

#322478

323478

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

NOV 6 1941

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 323478
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Shonshone (b) City Wallace
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
In **THIS** county ..... years ..... month ..... days.

2. **USUAL RESIDENCE of MOTHER:** (At time of this birth)
(a) State Idaho (b) County Shonshone
(c) City Wallace
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 6 yrs.
(f) Mother's mailing address

3. **RESIDENCE of FATHER** (city, state).

4. **FULL NAME OF CHILD** Tilden T. Lockman

5. Date of Birth (Month, day, year) Feb. 6 1896

6. Sex male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Jacob Lockman
11. Color or Race White
12. Age at time of THIS birth 39. yrs.
13. Birthplace Denmark (City or town) (State or foreign country)
14. Exact Occupation MGR. of Beer Distb. and
15. Industry or Business Soft Drinks

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Frieda Graf.
17. Color or Race White
18. Age at time of THIS birth 21 yrs.
19. Birthplace Germany (City or town) (State or foreign country)
20. Exact Occupation
21. Industry or Business House wife

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living yes
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, [redacted]) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as Frieda Lockman (Mother, etc.)

26. (a) NOV 6 1941 (Date received) (b) Maud E Geer (Registrar's signature)

27. Given RECEIVED on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of Idaho }
County of Canyon } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Mrs Frieda Lockman, being first duly sworn, say that I am related to (Related to (or) acquainted with) Tilden T. Lockman (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said ~~birth~~ recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that DR. SIMS (Name of attendant at birth), who attended said birth Deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Mrs Frieda Lockman Signature
1 & 9 ave. no. Nampa Address

Subscribed and sworn to before me on this 10th day of March, 1941

(SEAL) ..... Notary Public, residing at Nampa Ida.

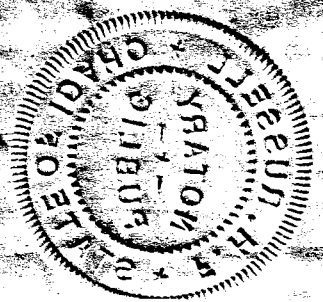
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

11-6-41

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 3, Title 32, Idaho Code, [illegible] upon certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or available, of the nearest of kin, or guardian, or some person having direct knowledge in the premises.



693 / 120 C14-557

323633

United States Department of Commerce Bureau of Census

(Be sure the information is as of date of birth of THIS child)

NOV-10 1941

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH**
(a) County ~~Ada~~ Canyon (b) City Payette
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: None
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home ..... days. IN **THIS** county 22 years 4 month days

2. **USUAL RESIDENCE of MOTHER** (At time of this birth)
(a) State Idaho (b) County ~~Ada~~ Canyon
(c) City Payette
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 22 yrs.
(f) Mother's mailing address Payette, Idaho

3. **RESIDENCE of FATHER** (city, state) Payette, Ida.

4. **FULL NAME OF CHILD** Grant John Williams

5. Date of Birth (Month, day year) March 20, 1896

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Chapman McNeal Williams
11. Color or Race White
12. Age at time of THIS birth 30 yrs.
13. Birthplace Galax (City or town) Virginia (State or foreign country)
14. Exact Occupation Nursery Foreman
15. Industry or Business Nursery

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Jessie Stephen Elizabeth Neal
17. Color or Race White
18. Age at time of THIS birth 23 yrs.
19. Birthplace Denver (City or town) Colorado (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1 (c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc)

26. (a) NOV 10 1941 (Date received) 19.. (b) Maud I. Eder (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of Idaho } ss.
County of Payette }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Jessie E. Williams, being first duly sworn, say that I am related to (Related to (or) acquainted with) Grant John Williams (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. C. M. Scott (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has **not been previously recorded.**

Jessie E. Williams Signature
Payette, Idaho, R. F. D. # 1 P. O. Address

Subscribed and sworn to before me on this 4th day of November, 19 41

(SEAL) [illegible] Notary Public, residing at Payette, Ida.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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295 222001 769

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

NOV 10 1941

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 323645
Local Reg. No.
Reg. Dist. No.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH
(a) County Ada (b) City Boise
(c) Street Address or R.F.D. No. R.F.D.
(d) Name of Hospital or Maternity Home: none
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county years 8 month days

2. USUAL RESIDENCE of MOTHER (At ~~time of this birth~~)
(a) State Idaho (b) County Ada
(c) City Boise,
(d) Street Address or R.F.D. No. R.F.D.
(e) How long has **MOTHER** lived in Idaho? 8Mo yrs.
(f) Mother's mailing address Boise, Idaho

3. RESIDENCE of FATHER (city, state) Boise, Idaho

4. FULL NAME OF CHILD Beulah Mae Kinzer

5. Date of Birth (Month, day year) Sept. 22, 1896

6. Sex female

7. Twin or Triplet no

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME James Kinzer

11. Color or Race white

12. Age at time of THIS birth 24 yrs.

13. Birthplace Arago, (City or town) Nebraska. (State or foreign country)

14. Exact Occupation farmer

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Minnie Mae Gordon

17. Color or Race white

18. Age at time of THIS birth 20 yrs.

19. Birthplace Carthage, (City or town) Missouri. (State or foreign country)

20. Exact Occupation housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 2, (b) Born alive and now living 2 (c) Born alive and now dead 2 (d) Stillborn None (No. Children Born 4.)

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date (born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as .....

26. (a) NOV 10 1941 (Date received) (b) Mrs. H. Foster (Mother, etc.) (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of California } ss.
County of Los Angeles }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Minnie Mae Kinzer, being first duly sworn, say that I am related to (Related to (or) acquainted with) Beulah Mae Kinzer (Name of person on certificate above) as ..... (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs Foster (Name of attendant at birth), who attended said birth She has been dead 40-yrs (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Minnie Mae Kinzer, Signature
8/ So. Sierra Madre, Pasadena, Calif. P. O. Address

Subscribed and sworn to before me on this 30 day of October, 1941.
(SEAL) W. E. Butler Notary Public, residing at Pasadena Calif
my commission Expires april 15-1943-

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record ~~in the Bureau of Vital Statistics~~ for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

449-212008-445

United States Department of Commerce Bureau of Census

(Be sure the information is as of date of birth of THIS child)

NOV 10 1941

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 323661
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH
(a) County Boise (b) City Clearcreek
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Boise
(c) City Clearcreek
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? ..... yrs.
(f) Mother's mailing address

3. RESIDENCE of FATHER (city, state)

4. FULL NAME OF CHILD Hazel Irene Murphy

5. Date of Birth (Month, day year) July 12,1896

6. Sex Female

7. Twin or Triplet -

If so—born 1st, 2nd, 3rd -

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME James M. Murphy

11. Color or Race W

12. Age at time of THIS birth 33 yrs.

13. Birthplace Franklin Co., Penna.
(City or town) (State or foreign country)

14. Exact Occupation Engineer, R.R.

15. Industry or Business Railroad

MOTHER OF CHILD

16. FULL MAIDEN NAME Fannie DuVal

17. Color or Race W

18. Age at time of THIS birth 26 yrs.

19. Birthplace Wells, Nevada.
(City or town) (State or foreign country)

20. Exact Occupation housewife

21. Industry or Business home

22. Name prophylactic used to prevent Ophthalmia Neonatorum .....

23. Number of children of this mother: (a) At time of birth and including this child 3. (b) Born alive and now living 2
(c) Born alive and now dead (d) Stillborn 1

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (born alive, stillborn) at six P. M. on the date and at the place stated above, and that personal particulars were furnished by James M. Murphy (First name) (Last name), who is related to this child as father (Mother, etc.)

26. (a) NOV 10 1941 (Date received) (b) [signature] (Registrar's signature)

25. Attendant's **OWN** signature James M Murphy M.D. Father (D. ~~Osteopathic~~, etc.)
and address Date

27. Given name added on ..... by ..... (Registrar's signature)

State of Idaho
County of Clearwater } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, James M. Murphy, being first duly sworn, say that I am related (Related to (or) acquainted with)
Hazel Irena Murphy (Name of person on certificate above) as father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that forgotten (Name of attendant at birth), who attended said birth now dead (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

James M Murphy Signature
Orofino, Idaho P. O. Address

Subscribed and sworn to before me on this 7th day of November 1941
(SEAL) [signature] Notary Public, residing at Orofino, Idaho

NOV 17 1941

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

168-120016-756

323695

United States Department of Commerce Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH
(a) County Cassia (b) City Almo
(c) Street Address or R.F.D. No. none
(d) Name of Hospital or Maternity Home at own home
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home none days.
IN **THIS** county none years none month none days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Cassia
(c) City Almo.
(d) Street Address or R.F.D. No. none
(e) How long has **MOTHER** lived in Idaho? yrs.
(f) Mother's mailing address Almo, Idaho.

3. RESIDENCE of FATHER (city, state) Almo, Idaho

4. FULL NAME OF CHILD Lester Earl Johnston

5. Date of Birth (Month, day year) Feb. 20, 1896

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** William Edward Johnston
11. Color or Race White
12. Age at time of THIS birth yrs.
13. Birthplace Red Oak Grove (City or town) Ill. (State or foreign country)
14. Exact Occupation Farmer & Stockraiser
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Ann George.
17. Color or Race White
18. Age at time of THIS birth yrs.
19. Birthplace Cardiff. (City or town) Wales (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 15 (b) Born alive and now living 10 (c) Born alive and now dead 6 (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was (born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc)

26. (a) NOV 12 1941 (Date received) (b) (Registrar's signature)

27. Given name added on by (Registrar's signature)

25. Attendant's **OWN** signature M.D. (D.O., Midwife, etc.)
and address Date

State of Idaho } ss.
County of Twin Falls }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Jane Jensen, being first duly sworn, say that I am Sister (Related to (or) acquainted with) Lester Earl Johnston (Name of person on certificate above) as Brother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. Mary Lowe (Name of attendant at birth), who attended said birth Deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Jane Jensen Signature
424 2nd ave N. Twin Falls Idaho P.O. Address

Subscribed and sworn to before me on this 8th day of November, 1941

(SEAL) J. E. Roberts Notary Public, residing at Twin Falls

NOV 13 1941

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

55-119 001 113

323715

United States Department of Commerce Bureau of Census

(Be sure the information is as of date of birth of THIS child)

OCT 23 1941

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County ADA (b) City MERIDIAN
(c) Street Address or R.F.D. No. NONE
(d) Name of Hospital or Maternity Home: NONE
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home 0 days.
IN **THIS** county ? years ? month ? days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State IDAHO (b) County ADA
(c) City MERIDIAN
(d) Street Address or R.F.D. No. NONE
(e) How long has **MOTHER** lived in Idaho? ? yrs.
(f) Mother's mailing address DEAD
3. RESIDENCE of FATHER (city, state) SAME

4. FULL NAME OF CHILD HOMER EVANS
5. Date of Birth (Month, day year) 6/19/1896
6. Sex MALE
7. Twin or Triplet
If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? YES

FATHER OF CHILD

10. **FULL NAME** FERNANDO Wood EVANS
11. Color or Race WHITE
12. Age at time of THIS birth 32 yrs.
13. Birthplace ? (City or town) MISSOURI (State or foreign country)
14. Exact Occupation CARPENTER
15. Industry or Business CONTRACTOR

MOTHER OF CHILD

16. **FULL MAIDEN NAME** ELIZABETH Jackson RICHARDSON
17. Color or Race WHITE
18. Age at time of THIS birth 31 yrs.
19. Birthplace MACON (City or town) MISSOURI (State or foreign country)
20. Exact Occupation HOUSE WIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living yes
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was (born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

26. (a) OCT 23 1941 (Date received) (b) (Registrar's signature)

27. Given name added on by (Registrar's signature)

25. Attendant's **OWN** signature M.D. (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Ada } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Fernando Wood Evans, being first duly sworn, say that I am related (Related to (or) acquainted with) Homer Evans (Name of person on certificate above) as Father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. Nelson (Name of attendant at birth), who attended said birth deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Fernando Wood Evans Signature
Meridian Ida P. O. Address

Subscribed and sworn to before me on this 13 day of Nov, 19 41
(SEAL) C. M. Lewis Notary Public, residing at Meridian

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

412-127001369

323736

United States Department of Commerce Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

RECEIVED NOV 13 1941

1. PLACE OF BIRTH
(a) County Ada (b) City Boise
(c) Street Address or R.F.D. No. North Tenth & Fairel St
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home ~~and~~ days. IN **THIS** county 37 years 7 month 15 days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Boise
(d) Street Address or R.F.D. No North Tenth & Fairel St
(e) How long has **MOTHER** lived in Idaho? 6 yrs.
(f) Mother's mailing address Tenth & Fairel St.

3. RESIDENCE of FATHER (city, state) Boise Idaho

4. FULL NAME OF CHILD Leland Springer Mason

5. Date of Birth (Month, day year) Sept 27th 1896

6. Sex male

7. ~~Twin~~ or ~~Triplet~~ If so—born ~~1st, 2nd, 3rd~~

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Richard Robertson Mason

11. Color or Race White

12. Age at time of THIS birth 43 yrs.

13. Birthplace Sullivan (City or town) Indiana (State or foreign country)

14. Exact Occupation Laborer

15. Industry or Business Farming

MOTHER OF CHILD

16. FULL MAIDEN NAME Nancy Dodd Loretta Mason

17. Color or Race White

18. Age at time of THIS birth 37 yrs.

19. Birthplace Sullivan (City or town) Indiana (State or foreign country)

20. Exact Occupation Home Wife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum none

23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 4 (c) Born alive and now dead 1 (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

26. (a) NOV 13 1941 (Date received) (b) Mabel H Keller (Registrar's signature)

27. Given name added on ____ by ____ (Registrar's signature)

25. Attendant's **OWN** signature ____ M.D. (D.O., Midwife, etc.)
and address ____ Date

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

State of Illinois } ss.
County of Cook }

I, FRANK D. BAKER, being first duly sworn, say that I am acquainted with (Related to (or) acquainted with) Leland Springer Mason (Name of person on certificate above) as acquaintance (State relationship or acquaintance) whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Springer (Name of attendant at birth) who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Frank D. Baker Signature
1543 Newport Ave Chgo. Address

Subscribed and sworn to before me on this 8th day of November, 1941.

(SEAL)

E. A. Sundermann Notary Public, residing at La Grange Ill.

My Commission Expires April 9, 1942

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

L. S. Mason
1907 So Scoville Ave
Pocatello Idaho

STATE OF IDAHO,
COUNTY OF ADA. SS.

OCT 14 1941
RECEIVED NOV 13 1941
RECEIVED

Richard R. Mason being over twentyone years of age and a resient of Boise, Idaho, deposes and says ; that he is the father of Leland Springer Mason, and that he was born at Boise, Idaho, on North Tenth Street in said City, the 27th day of September 1896, on Sunday afternoon; that the present address of said Leland Springer Mason is 1927 West Adams St., Chicago, Ill.

Richard R Mason

Subscribed and sworn to before me
this 14th day of February, 1918.

6 Geo. L. Rust

Notary Public for State of Idaho.
Residing at Boise, Idaho.
My Commission Expires March 19, 1921.

STATE OF IDAHO,
COUNTY OF ADA, SS.

Nancy C. Mason of Boise, Idaho, deposes and says: that she is the mother of Leland Springer Mason, and the wife of Richard R. Mason who made and subscribed to the foregoing affidavit. That the said Leland Springer Mason was born at Boise, Idaho on the 27th day of September 1896.

Mrs. Nancy C. Mason.

Subscribed and sworn to before me a Notary Public in and for the State of Idaho, with residence at Boise, Idaho, Feb. 14, 1918

Geo. L. Rust

Notary Public.

Notary Public for State of Idaho.
Residing at Boise, Idaho.
My Commission Expires March 19, 1921.

No. L. S. Mason
1907 So. Sconellane
Berwyn,
Ill.

STATE OF IDAHO,

COUNTY OF ADA.

Richard R. Mason being over twentyone years of age and a resident of Boise, Idaho, deposes and says; that he is the father of Leland Springer Mason, and that he was born at Boise,Idaho,on North Tenth Street in said City,the 27th day of October A. D. 1896, on Sunday afternoon, that the present address of said Leland Springer Mason is 1027 West Adams St., Chicago, Ill.

Subscribed and sworn to before me this 4th day of February, 1919.

Notary Public.

Henry C. Mason of Boise, Idaho,deposes and says;that he is the mother of Leland Springer Mason,and the wife of Richard C. Mason who made and subscribed to the foregoing affidavit.That the said Leland Springer Mason was born at Boise,Idaho on the 27th day of October 1896.

Subscribed and sworn to before me a Notary Public in and for the State of Idaho,with residence at Boise,Idaho.

Notary Public.

285-208032-693

323782

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH
(a) County Lincoln (b) City Hagerman
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ____ days.
IN **THIS** county 9 years 1 month 16 days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Lincoln
(c) City Hagerman
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 46 yrs.
(f) Mother's mailing address Was Nampa Ida. now deceased.

3. RESIDENCE of FATHER (city, state) (was Nampa Ida. now deceased.)

4. FULL NAME OF CHILD Florence May Sherman (Traylor)

5. Date of Birth (Month, day, year) Oct. 8, 1896.

6. Sex female **7.** Twin or Triplet ____ **If so—born** 1st; 2nd, 3rd ____ **8.** No. months of Pregnancy 9 **9.** Legitimate? yes.

FATHER OF CHILD

10. FULL NAME Edgar Eugene Sherman

11. Color or Race white **12.** Age at time of THIS birth 43 yrs.

13. Birthplace Schenectady (City or town) New York (State or foreign country)

14. Exact Occupation farmer

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Margaret Ann Wilson

17 Color or Race white **18.** Age at time of THIS birth 39 yrs.

19. Birthplace Moorhead (City or town) Iowa (State or foreign country)

20. Exact Occupation housewife.

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum ____

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 2 (c) Born alive and now dead 2 (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

26. (a) NOV 14 1941 (Date received) RECEIVED (b) ____ (Registrar's signature)

27. Given name added on ____ by ____ (Registrar's signature)

25. Attendant's **OWN signature** deceased. M.D. (D.O., Midwife, etc.)
and address ____ Date ____

State of Idaho
County of Elmore } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Frank A Sherman, being first duly sworn, say that I am related to (Related to (or) acquainted with) Florence May Sherman (Name of person on certificate above) as a older brother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ____ (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Frank A Sherman Signature

Mountain Home, Idaho P. O. Address

Subscribed and sworn to before me on this 6th day of November, 1941

(SEAL) O. Morell Notary Public, residing at Mtn. Home, Idaho

FEB 18 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

793 21 023 - 236

323803

323803

United States Department of Commerce Bureau of the Census

NOV 21 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Ada (b) City Pearl
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County
(c) City Pearl
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? yrs.

3. RESIDENCE OF FATHER (city, state) Pearl

4. FULL NAME OF CHILD Pearl Marie Gilbert

5. Date of Birth of Child (Month, day, year) Feb 11 - 1896

6. Sex f. 7. Twin or Triplet 8. If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy Full Term 9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Alden Gilbert
11. Color or Race w 12. Age at time of THIS birth 36 yrs.
13. Birthplace Salt Lake City (City or town) Utah (State or foreign country)
14. Exact Occupation Carpenter
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Anna S Lopez
17. Color or Race w 18. Age at time of THIS birth 23 yrs.
19. Birthplace Boise (City or town) Idaho (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business —

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Bornalive (Born alive, stillborn) at G M. on the date and at the place stated above, and that personal particulars were furnished by Anna (First name) Gilbert (Last name), who is related to this child as mother (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho } ss.
County of Ada }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 68 years of age, that I have known this person for 45 years, and that Mrs Jeff Shelton (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Annie Cobb (Gilbert) Signature
910 North 7th Boise, Idaho P. O. Address

Subscribed and sworn to before me this 21 day of November, 19 41

(SEAL) Edna Robertson Notary Public, residing at Boise, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on NOV 21 1941 by Mabel H Edelen, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 31 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

NOV 2

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

293-115044 315

United States Department of Commerce Bureau of Census

NOV 17 1941 NOV 17 1941

(BE sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 323856

Local Reg. No.

Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Washington (b) City Midvale
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home .....days. IN **THIS** county years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Washington
(c) City Midvale
(d) Street Address or R.F.D. No. —
(e) How long has **MOTHER** lived in Idaho? 59 yrs.
(f) Mother's mailing address Midvale Idaho

3. RESIDENCE of FATHER (city, state) deceased

4. FULL NAME OF CHILD Loyd Irvin Kelborn

5. Date of Birth (Month, day year) aug. 15 - 1896

6. Sex male **7.** Twin or Triplet **If so—born** 1st, 2nd, 3rd **8.** No. months of Pregnancy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Loy F. Kelborn
11. Color or Race white **12.** Age at time of THIS birth 33 yrs.
13. Birthplace Oakland (City or town) Oregon (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Jane Canary
17. Color or Race white **18.** Age at time of THIS birth 27 yrs.
19. Birthplace Princeton (City or town) Missouri (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum —
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 4 (c) Born alive and now dead 1 (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was (born alive, stillborn) at .....M. on the date and at the place stated above, and that personal particulars were furnished by Hamlin Kelborn (First name) (Last name), who is related to this child as Mother (Mother, etc.)

26. (a) NOV 17 1941 (Date received) (b) Carl Heller (Registrar's signature)

27. Given name added on .....by ..... (Registrar's signature)

25. Attendant's **OWN** signature Joseph R. Nucombe M.D. (D.O., Midwife, etc.)
and address Boise Idaho Date 11-13-41

State of ..... } ss.
County of ..... }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, ..., being first duly sworn, say that I am ..... (Related to (or) acquainted with) ..... (Name of person on certificate above) as ..... (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ..... (Name of attendant at birth), who attended said birth ..... (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

.....Signature

.....P. O. Address

Subscribed and sworn to before me on this .....day of ....., 19.....

(SEAL) .....Notary Public, residing at .....

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

249-125-044-296

323925

United States
Department of Commerce
Bureau of Census

NOV 8 1941

CERTIFICATE OF BIRTH
STATE OF IDAHO

(Be sure the information is as of date of birth of THIS child)

State File No. 323925
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Wash (b) City Weiser
(c) Street Address or R.F.D. No. 1
(d) Name of Hospital or Maternity Home: At Home
(e) Mother's stay **BEFORE** delivery: at home
In Hosp. or Mat. Home ..... days.
IN **THIS** county 45 years 3 month 21 days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Washington
(c) City Weiser
(d) Street Address or R.F.D. No. 1
(e) How long has **MOTHER** lived in Idaho? 45 yrs.
(f) Mother's mailing address

3. RESIDENCE of FATHER (city, state)

4. FULL NAME OF CHILD Hyrum Hyde Smith

5. Date of Birth (Month, day year) June 25 1896

6. Sex male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Hyrum Hyde Smith
11. Color or Race white
12. Age at time of THIS birth 45 yrs.
13. Birthplace Council Bluffs (City or town) Iowa (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Sarah Amanda Brown
17. Color or Race white
18. Age at time of THIS birth 45 yrs.
19. Birthplace Adams (City or town) Seneca Co. Ohio (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 3 (c) Born alive and now dead 2 (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) NOV 8 1941 (Date received) (b) Mabel M. Teeter (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature Joseph R Numbers M.D. (D.O., Midwife, etc.)
and address Oct 18 Date 1941 Boise Ida Oct 17-1941

State of ..... } ss.
County of ..... }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, ..., being first duly sworn, say that I am ..... (Related to (or) acquainted with) ..... as ..... (Name of person on certificate above) (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ..... (Name of attendant at birth), who attended said birth ..... (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

.....Signature

.....P. O. Address

Subscribed and sworn to before me on this ..... day of ....., 19.....

(SEAL) .....Notary Public, residing at .....

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

575-11-028-659

United States Department of Commerce Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

NOV 18 1941

State File No. 324027

Local Reg. No.

Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Kootenai (b) City Couer d'Alene
(c) Street Address or R.F.D. No. Fernan Lake
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home .....days.
IN **THIS** county years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Kootenai
(c) City Couer d' Alene
(d) Street Address or R.F.D. No. Fernan Lake
(e) How long has **MOTHER** lived in Idaho? 19 yrs.
(f) Mother's mailing address Above

3. RESIDENCE of FATHER (city, state) "

4. FULL NAME OF CHILD Charles DeWitt Ede

5. Date of Birth (Month, day year) Oct. 14, 1896

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME George Lincoln Ede

11. Color or Race White

12. Age at time of THIS birth 29 yrs.

13. Birthplace Mason City (City or town) Iowa, U.S.A. (State or foreign country)

14. Exact Occupation Fireman on Steamboat "Oaks"

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Minnie Ella Fernan

17. Color or Race White

18. Age at time of THIS birth 22 yrs.

19. Birthplace Columbia (City or town) So. Carolina (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Mothers milk

23. Number of children of this mother: (a) At time of birth and including this child 2. (b) Born alive and now living 2. (c) Born alive and now dead 2 (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was X (born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by Minnie E. Ede (First name) (Last name), who is related to this child as Mother (Mother, etc.)

26. (a) NOV 18 1941 (Date received) (b) Mabel Fielder (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature Mary J. Fernan M.D. (women attendant) (D.O., Midwife, etc.)
and address 117 N. Main Porterville, Calif. Date Oct. 17, 1941

State of ..... } ss.
County of ..... }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, ..., being first duly sworn, say that I am ..... (Related to (or) acquainted with) ..... (Name of person on certificate above) as ..... (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Will and Dr. Lashbrook (Name of attendant at birth) who attended said birth X (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

.....Signature

.....P. O. Address

Subscribed and sworn to before me on this .....day of ....., 19.....

(SEAL) .....Notary Public, residing at .....

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

NOV 25 1941

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record ~~in the Bureau of Vital Statistics for the purposes and uses~~ prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

NOV 25

663 115 003-762

325116

325116

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 325116

Local Reg. No.

Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Bannock (b) City Thatcher

(c) Street Address or R.F.D. No.

(d) Name of Hospital or Maternity Home:

(e) Mother's stay **BEFORE** delivery: IN **THIS** county years 10 months 18 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Bannock

(c) City Thatcher

(d) Street Address or R.F.D. No.

(e) How long has **MOTHER** lived in Idaho? 10 mo. yrs.

3. RESIDENCE OF FATHER (city, state) Thatcher, Idaho

4. FULL NAME OF CHILD Joseph Thaxton Folkman

5. Date of Birth of Child (Month, day, year) Oct. 15, 1896

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Folkman, Joseph Anton

11. Color or Race White, **12.** Age at time of THIS birth 27 yrs.

13. Birthplace Plain City (City or town) Utah (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Izatt, Marian Dobay

17. Color or Race White, **18.** Age at time of THIS birth 26 yrs.

19. Birthplace Logan (City or town) Utah (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of IDAHO } ss.
County of ADA }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 72 years of age, that I have known this person for 45 years, and that Olive (First name) Peck (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Joseph Anton Folkman Signature

Thatcher, Route #2 Idaho P. O. Address

Subscribed and sworn to before me this 29th day of November, 19 41

(SEAL) Myrna L. Brem Notary Public, residing at Boise, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

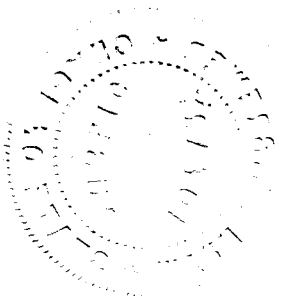
Received for filing on NOV 29 1941 by Mabel H. Geer, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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191-105006-693

325144

United States Department of Commerce
Bureau of the Census

DEC 2 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 325144
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bingham (b) City Taylor
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 3 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bingham
(c) City Taylor
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 3 yrs.

3. RESIDENCE OF FATHER (city, state) Taylor Ida

4. FULL NAME OF CHILD Arthur Le Roy Arave

5. Date of Birth of Child (Month, day, year) Apr. 5, 1896

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Nelson Alma Arave

11. Color or Race White

12. Age at time of THIS birth 40 yrs.

13. Birthplace New York State (City or town) (State or foreign country)

14. Exact Occupation Carpenter

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Mary Ann Williams

17. Color or Race White

18. Age at time of THIS birth 47 yrs.

19. Birthplace Wales (City or town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 11 (b) Born alive and now living 9

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. / Midwife — Address — Date

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

State of Ida } ss.
County of Ada }

I, the undersigned, being first duly sworn, say that I am the Sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 61 years of age, that I have known this person for 45 years, and that Agusta (First name) Wadsworth (Last name), who attended this birth, Deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Jane Arave Stoddard Signature
1802 N 32nd St P. O. Address

Subscribed and sworn to before me this 1st day of Dec, 19 41

(SEAL) My Commission Expires May 15 1942

W Nelson Notary Public, residing at Boise Ida

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 2 1941 by Mary Heeler, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 3 1941

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

573-115-046-569

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH NOV 27 1941

STATE OF IDAHO

State File No. 325176
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Shoshone (b) City Murray
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Born at Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 3 years 3 months 12 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Shoshone
(c) City Murray
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 3/4 yrs.

3. RESIDENCE OF FATHER (city, state) Same

4. FULL NAME OF CHILD Earlscart Williams

5. Date of Birth of Child (Month, day, year) 4-15-1896

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** James Samore Williams
11. Color or Race White
12. Age at time of THIS birth 33 yrs.
13. Birthplace ? (City or town) Alabama U.S.A. (State or foreign country)
14. Exact Occupation Miner
15. Industry or Business Mining

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Florence Elizabeth Norris
17. Color or Race White
18. Age at time of THIS birth 19 yrs.
19. Birthplace Johnson County Missouri (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife ..... Address ..... Date .....

State of Oregon } ss.
County of Multnomah }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 65 years of age, that I have known this person for 45 years, and that Dr Ingalls. (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Florence Elizabeth Jones Signature

10113 NE Cresent Portland Oregon P. O. Address

Subscribed and sworn to before me this 26th day of Nov, 1941.

(SEAL) G. J. Horton Notary Public, residing at Portland Oregon

(Note: Perjury is punishable as a felony in Idaho; ~~Misdemeanor in Oregon~~ Idaho Code Annotated, Sec. 17-3411—1941)

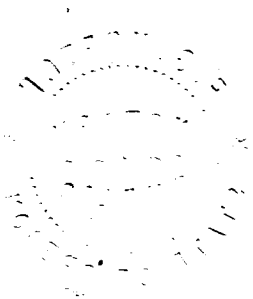
Received for filing on NOV 27 1941 by Mabel Fiedler, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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419 227 029 113

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

NOV 27 1941

State File No. 325186
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Latah (b) City Moscow
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county 2 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Latah
   (c) City Moscow
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 2 yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Katie Martin

5. Date of Birth of Child (Month, day, year) Jan. 27, 1893

6. Sex Female

7. Twin or Triplet -

If so—born 1st, 2nd, 3rd -

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Wilson Martin
11. Color or Race white
12. Age at time of THIS birth 42 yrs.
13. Birthplace Dubuque, Iowa (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Emma Jane Jackson
17. Color or Race white
18. Age at time of THIS birth 34 yrs.
19. Birthplace Liberty, Iowa (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date (Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife ..... Address ..... Date

State of Idaho
County of Clearwater } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Brother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 53 years of age, that I have known this person for 48 years, and that unknown (First name) (Last name), who attended this birth — (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Bert W Martin Signature
Orofino, Idaho P. O. Address

Subscribed and sworn to before me this 24th day of November, 19 41

(SEAL) Frank Elmore Notary Public, residing at Orofino, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on NOV 27 1941 by Mabel E Eccles, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DEC 5

236-22-2420-243

United States Department of Commerce Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

NOV 28 1941

State File No. 325224
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Shoshone (b) City Wallace
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Own home
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home ..... days. IN **THIS** county ..... years ..... month ..... days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Shoshone
(c) City Wallace
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 4 yrs.
(f) Mother's mailing address Wallace, Idaho

3. RESIDENCE of FATHER (city, state) Wallace, Ida.

4. FULL NAME OF CHILD Edith Adelia Scofield

5. Date of Birth (Month, day year) July 22, 1896

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Albert John Scofield

11. Color or Race White

12. Age at time of THIS birth 32 yrs.

13. Birthplace Newark, (City or town) Illinois (State or foreign country)

14. Exact Occupation Mining Developer

15. Industry or Business Mining Developer

MOTHER OF CHILD

16. FULL MAIDEN NAME Irene Vivian Buckingham

17. Color or Race White

18. Age at time of THIS birth 28 yrs.

19. Birthplace Pittsfield, (City or town) Illinois (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living yes (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) NOV 28 1941 (Date received) (b) Mabel H Eder (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of California } ss.
County of Los Angeles }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Irene Vivian Scofield, being first duly sworn, say that I am Related (Related to (or) acquainted with) Edith Adelia Scofield (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Johnson (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Irene Vivian Scofield Signature

1546½ Third Ave., Los Angeles, Calif. P. O. Address

Subscribed and sworn to before me on this 25th day of November, 19 41

(SEAL)

Raymond L. Nutt Notary Public, residing at Los Angeles, Cal.

My Commission Expires August 29, 1943

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



38-117-006-613 325344

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

DEC 4 1941

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 325344
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bingham (b) City Blackfoot
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bingham
(c) City Blackfoot
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 26 yrs.

3. RESIDENCE OF FATHER (city, state) Deceased

4. FULL NAME OF CHILD James Ross Chalmers

5. Date of Birth of Child (Month, day, year) Oct. 17, 1896

6. Sex male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Edward Everett Chalmers

11. Color or Race white

12. Age at time of THIS birth 35 yrs.

13. Birthplace Newbury, Vermont (City or town) (State or foreign country)

14. Exact Occupation Attorney at law

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Rosabel Watson

17. Color or Race white

18. Age at time of THIS birth 25 yrs.

19. Birthplace North Leverett, Mass. (City or town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho } ss.
County of Bingham }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 70 years of age, that I have known this person for 45 years, and that Mrs. Gertrude Baird Batway (First name) (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Rosabel Watson Chalmers Signature

Blackfoot Idaho P. O. Address

Subscribed and sworn to before me this 27th day of November, 1941.

(SEAL) [illegible] Notary Public, residing at Blackfoot, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 4 1941 by Mabel H Eccles, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

617-705-1028-214

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

DEC 3 1941

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 325411
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Kootenai (b) City
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Kootenai
(c) City
(d) Street Address or R.F.D. No. 1
(e) How long has **MOTHER** lived in Idaho? 3½ yrs.

3. RESIDENCE OF FATHER (city, state) Idaho

4. FULL NAME OF CHILD Arthur Edward Hagman

5. Date of Birth of Child (Month, day, year) May 5- 1896

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Albert Hagman

11. Color or Race White

12. Age at time of THIS birth 29½ yrs.

13. Birthplace Maine (City or town) Minn (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Helen Saunders

17. Color or Race White

18. Age at time of THIS birth 30½ yrs.

19. Birthplace Bergen (City or town) Norway (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho } ss.
County of Bonner }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 76 years of age, that I have known this person for 45 years, and that Hannah (First name) Hagman (Last name), who attended this birth Can not be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Helen Hagman Signature

Priest River, Idaho P. O. Address

Subscribed and sworn to before me this 1 day of December, 1941.

(SEAL) Richert Notary Public, residing at Priest River Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 3 1941 by Mabel H Eeper, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

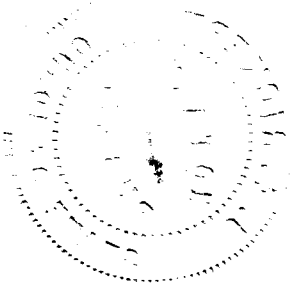
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DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



235-117-028-962

325442

United States Department of Commerce Bureau of Census

(Be sure the information is as of date of birth of THIS child) 1941

State File No.

Local Reg. No.

Reg. Dist. No.

CERTIFICATE OF BIRTH
STATE OF IDAHO

DEC 4

1. PLACE OF BIRTH
(a) County Kootnai (b) City Coeur d' Alene
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Own Residence
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home ..... days. IN **THIS** county ..... years ..... month ..... days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Kootnai
(c) City Coeur d' Alene
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 8 yrs.
(f) Mother's mailing address Same as above

3. RESIDENCE of FATHER (city, state)

4. FULL NAME OF CHILD Walter Aubra Stewart

5. Date of Birth (Month, day year) 1/17/96

6. Sex m

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Stevon Lincoln Stewart

11. Color or Race White

12. Age at time of THIS birth 23 yrs.

13. Birthplace Lebanon (City or town) Oregon (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Osie Esther Ross

17. Color or Race White

18. Age at time of THIS birth 19 yrs.

19. Birthplace Mt. Moria Mossouria (City or town) (State or foreign country)

20. Exact Occupation House wife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2 (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (born alive, stillborn) at 10: p M. on the date and at the place stated above, and that personal particulars were furnished by Osie (First name) Stewart (Last name), who is related to this child as Mother (Mother, etc.)

26. (a) DEC 4 1941 (Date received) (b) Maud Helder (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature Deceased M.D. (D.O., Midwife, etc.)
and address Date

State of Idaho } ss.
County of Benewah }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Osie Esther Stewart, being first duly sworn, say that I am Mother (Related to (or) acquainted with) Walter a Stewart (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Deceased (Name of attendant at birth) who attended said birth Deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Mrs Osie Stewart Signature

Tensed Ida P. O. Address

Subscribed and sworn to before me on this 27 day of Nov, 19 41

(SEAL) E.E. Parmus Notary Public, residing at Tensed Ida

Term expires June 1st-42

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

132-209-240-765

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

DEC 5 1941

State File No. 325448
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Shoshone (b) City Kellogg
(c) Street Address or R F D No. 120 RR Ave
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home.....days.
In **THIS** county 5 years.....months.....days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Shoshone
(c) City Kellogg
(d) Street Address or R.F.D. No. 120 RR Ave
(e) How long has **MOTHER** lived in Idaho? 5 yrs.
(f) Mother's mailing address 120 RR Ave
3. **RESIDENCE OF FATHER** (city, state) Same

4. **FULL NAME OF CHILD** Clara Nellie Albinola
5. Date of Birth (Month, day, year) Oct. 9 th. 1896
6. Sex. Female
7. Twin or Triplet
If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Peter Albinola
11. Color or Race Wh
12. Age at time of THIS birth 37 yrs.
13. Birthplace Baseno, Italy (City or town) (State or foreign country)
14. Exact Occupation Stone Mason
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Lucia Condola
17. Color or Race Wh
18. Age at time of THIS birth 24 years
19. Birthplace Baseno, Italy (City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4 (c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (born alive, stillborn) at 10 A M. on the date and at the place stated above, and that personal particulars were furnished by Lucia Albinola (First name) (Last name), who is related to this child as Mother (Mother, etc.)

26. (a) DEC 5 1941 (Date received) (b) Mabel H. Elder (Registrar's signature)

27. Given name added on.....by..... (Registrar's signature)

25. Attendant's **OWN signature**.....M.D. or..... (D.O., Midwife, etc.)
and address Date

State of IDAHO
County of Shoshone } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Lucia Albinola, being first duly sworn, say that I am Related (Related to (or) acquainted with) Clara Nellie Albinola (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Franklin Machette (Name of attendant at birth), who attended said birth Deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

X Lucia Albinola Name

114 RR Ave. Kellogg, Idaho. P. O. Address

Subscribed and sworn to before me on this 3 day of Dec. 1941.

(SEAL) Mary M Stout Notary Public, residing at Kellogg Ida.

Commission expires July 30, 1945

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 15 1968

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DEC 7 1967

165-110-020-4377

DEC 5 1941

325470

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH.**
(a) County Elmore (b) City Mountain Home
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Unknown
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
In **THIS** county ..... years ..... month ..... days.

2. **USUAL RESIDENCE of MOTHER:** (At time of this birth)
(a) State Idaho (b) County Elmore
(c) City Mountain Home
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 6 Mo. yrs.
(f) Mother's mailing address

3. **RESIDENCE of FATHER** (city, state) Mountain Home, Idaho

4. **FULL NAME OF CHILD** James Murel Jones

5. Date of Birth (Month, day, year) Nov. 10, 1896

6. Sex Male

7. Twin or Triplet Twin

If so—born 1st, 2nd, 3rd Second

8. No. months of Pregnancy Nine

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Martin Alexander Jones
11. Color or Race White
12. Age at time of THIS birth 28 Yrs. yrs.
13. Birthplace Murfreesboro, (City or town) Tennesee. (State or foreign country)
14. Exact Occupation Dentist
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Agnes Jane McCoy
17. Color or Race White
18. Age at time of THIS birth 37 yrs.
19. Birthplace Metamora, (City or town) Illinois (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum unknown
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2 (c) Born alive and now dead None (d) Stillborn None

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) DEC 5 1941 (Date received) (b) Mabel H Eeler (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.) and address ..... Date

27. Given name added on ..... by ..... (Registrar's signature)

State of Oregon
County of Multnomah } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I Victoria McCoy Waldron, being first duly sworn, say that I am Related to (Related to (or) acquainted with) James Murel Jones (Name of person on certificate above) as Aunt (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Doctor (Name of attendant at birth), who attended said birth Cannot be located (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Victoria McCoy Waldron Signature

White Salmon, Wash. P. O. Address

Subscribed and sworn to before me on this 24th day of November, 1941

(SEAL) X M. J. Jones Notary Public, residing at Portland, Oregon

My commission expires Feb. 26, 1943.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DRAFT

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 194, 1931 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be supplemented and filed by the local registrar for record in the Bureau of Vital Statistics for the purpose and pursuant to Chapter 2, Title 39, Idaho Code Annotated, such report to be supported by a certificate of the attending physician or midwife or by affidavits of the father or mother of the child, or in neither father or mother of the child is living or accessible, then the record of his or guardian, or some person having direct knowledge of the facts.

213-124-056-343

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

DEC 10 1941

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 325613
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County CASSIA (b) City OAKLEY
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: HOME
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years 13 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State IDAHO (b) County CASSIA
(c) City OAKLEY
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 40 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD ORMUS LEO BATES

5. Date of Birth of Child (Month, day, year) July 24 1896 1896

6. Sex MALE **7.** Twin or Triplet **If so—born** 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? YES.

FATHER OF CHILD

10. FULL NAME ORSON PARLEY BATES

11. Color or Race WHITE **12.** Age at time of THIS birth 38.38 yrs.

13. Birthplace TOOELE (City or town) UTAH (State or foreign country)

14. Exact Occupation FARMER

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME EMILY VALATE Tuttle

17. Color or Race WHITE **18.** Age at time of THIS birth 36 yrs.

19. Birthplace TOOLE (City or town) UTAH (State or foreign country)

20. Exact Occupation FARMERS WIFE

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum LYSOL

23. Number of children of this mother: (a) At time of birth and including this child 9 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. / Midwife — Address — Date

State of IDAHO } ss.
County of CASSIA }

AFFIDAVIT
to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the MOTHER (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 80 years of age, that I have known this person for 45 years, and that SARAH C. Bates (First name) (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

x Emily Valate Bates Signature

Oakley Idaho P. O. Address

Subscribed and sworn to before me this 1 day of December, 19 41

(SEAL) C. F. Larsen Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Notary Public in and for the State of Idaho
My Commission Expires Jan. 6, 1945

DEC 10 1941

Received for filing on by , Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 11 1941
MAY 6 1947

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

395-220-029-386 325653

United States Department of Commerce Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 325653
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Latah (b) City
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home days.
IN **THIS** county years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Latah
(c) City
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? yrs.
(f) Mother's mailing address

3. RESIDENCE of FATHER (city, state) Idaho

4. FULL NAME OF CHILD Emma Ester Lindsay

5. Date of Birth (Month, day year) 5/20/1896

6. Sex **7.** Twin or Triplet **If so—born** 1st, 2nd, 3rd **8.** No. months of Pregnancy **9.** Legitimate?

FATHER OF CHILD

10. FULL NAME Stonewall Jackson Lindsay
11. Color or Race White **12.** Age at time of THIS birth 31 yrs.
13. Birthplace California (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Agnes Ellen Thompson
17. Color or Race White **18.** Age at time of THIS birth 24 yrs.
19. Birthplace Pennsylvania (City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was (born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

26. (a) Dec 11-1941 (Date received) (b) Mabel Felder (Registrar's signature)

27. Given name added on by (Registrar's signature)

25. Attendant's **OWN** signature M.D. (D.O., Midwife, etc.)
and address Date

State of Oregon } ss.
County of Lane }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Stonewall J. Lindsay, being first duly sworn, say that I am related to (Related to (or) acquainted with) Emma Ester Lindsay (Name of person on certificate above) as Father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Hinze (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Stonewall Jackson Lindsay Signature
Route 2, Springfield, Oregon P. O. Address

Subscribed and sworn to before me on this 29th day of November, 1941.
(SEAL) Edward F. Smith Notary Public, residing at Eugene, Oregon
My commission expires 11/8/44

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 3 1959

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

455-102-029-689

325670

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 325670
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Latah (b) City Princeton
(c) Street Address or R.F.D. No. No rural route
(d) Name of Hospital or Maternity Home: At home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 10 years ½ months -- days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Princeton
(d) Street Address or R.F.D. No. Rural
(e) How long has **MOTHER** lived in Idaho? 10 yrs.

3. RESIDENCE OF FATHER (city, state) Princeton, Ida

4. FULL NAME OF CHILD Allen LeRoy Mendenhall

5. Date of Birth of Child (Month, day, year) July 2, 1896

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME William Mendenhall
11. Color or Race white
12. Age at time of THIS birth 39 yrs.
13. Birthplace Ohio (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Nina White
17. Color or Race White
18. Age at time of THIS birth 34 yrs.
19. Birthplace Shelbyville (City or town) Illinois (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child [illegible] Born alive and now living 9

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was [illegible] (Born alive, stillborn) M. on the date and at the place stated above, and that personal particulars were furnished by [illegible] (First name) (Last name), who is related to this child as [illegible] (Mother, etc.)

25. Attendant's **OWN** signature (dead) M.D. Midwife Address Date

State of Idaho } ss.
County of Latah }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 79 years of age, that I have known this person for 45 years, and that Rachel Pledger (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Nina Mendenhall Signature
Moscow Idaho P. O. Address

Subscribed and sworn to before me this 28th day of November, 19 41

(SEAL) E. L. Thompson Notary Public, residing at Moscow, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 13 1941 by Mabel F. Eeles, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

12-15-44

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)



Where the birth of a child born prior to the effective date of r 191, 1911 Session Laws, has not been recorded, or in case of to report any birth which has occurred subsequent to such ich report may be received and filed by the local registrar for in the Bureau of Vital Statistics for the purposes and uses ed in Chapter 2, Title 38, Idaho Code Annotated, when such s accompanied by a certificate of the attending physician or e, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

794-114-014-893

325674

United States
Department of Commerce
Bureau of the Census

DEC 13 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 325674
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Canyon (b) City Nampa
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county All her life years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Canyon
(c) City Nampa
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 10 yrs.

3. RESIDENCE OF FATHER (city, state) Nampa, Idaho

4. FULL NAME OF CHILD GEORGE HAROLD PRICE

5. Date of Birth of Child (Month, day, year) 12/14/1896

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd 4th

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME MARK PRICE
11. Color or Race White
12. Age at time of THIS birth 32 yrs.
13. Birthplace Jamestown, (City or town) New York (State or foreign country)
14. Exact Occupation Well Drilling
15. Industry or Business Own business.

MOTHER OF CHILD

16. FULL MAIDEN NAME Juanita Hickey
17. Color or Race White
18. Age at time of THIS birth 28 yrs.
19. Birthplace Quincy, (City or town) Illinois (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. / Midwife — Address — Date

State of Idaho } ss.
County of Ada }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 47 years of age, that I have known this person for 45 years, and that Mrs. Brown (First name) (Last name), who attended this birth Cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Lola Boggburn Signature

P. O. Address

Subscribed and sworn to before me this 13th day of December, 19 41.

(SEAL) Mary E Alexander Notary Public, residing at Boise, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 13 1941 by Mabel H Eagen, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

12-15-41

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

243-101-02 R432

325700

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

DEC 11 1941

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Latah (b) City Moscow
(c) Street Address or R.F.D. No. R.F.D. #2
(d) Name of Hospital or Maternity Home: Own home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 25 years ~~25~~ months — days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Moscow
(d) Street Address or R.F.D. No. R.F.D. #2
(e) How long has **MOTHER** lived in Idaho? 70 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD George Willard Buchanan

5. Date of Birth of Child (Month, day, year) Dec 1 1896

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9 Mo.

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** William Newton Buchanan
11. Color or Race White
12. Age at time of THIS birth 39 yrs.
13. Birthplace Carthage (City or town) Missouri (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Lavina McKenzie
17. Color or Race White
18. Age at time of THIS birth 36 yrs.
19. Birthplace Peoria (City or town) Illinois (State or foreign country)
20. Exact Occupation House Wife.
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date ____ and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

State of Idaho } ss.
County of Latah }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 81 years of age, that I have known this person for 45 years, and that Dr Nathins (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary L Buchanan Signature
Potlatch Idaho P. O. Address

Subscribed and sworn to before me this 6 day of December, 1941.

(SEAL) Geo. E. Blome Notary Public, residing at Potlatch Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received ~~for~~ filing on DEC 11 19[illegible] by Mabel Hedger, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

NOV 16 1956

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

845 105 04 315

325789

United States
Department of Commerce
Bureau of Census

DEC 16 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 325789
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH
(a) County Canyon (b) City Nampa
(c) Street Address or R.F.D.No. 2mi NW of city
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ..... days.
IN THIS county 2 years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Canyon
(c) City 2mi NW of Nampa
(d) Street Address or R.F.D.No.
(e) How long has MOTHER lived in Idaho? 2yrs yrs.
(f) Mother's mailing address Nampa, Idaho

3. RESIDENCE of FATHER (city, state) Nampa, Idaho

4. FULL NAME OF CHILD John Franklin Huntly

5. Date of Birth (Month, day year) 8-5-1896

6. Sex male

7. Twin or Triplet no If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME John Henry Huntly
11. Color or Race Caucasian
12. Age at time of THIS birth 37 yrs.
13. Birthplace Ohio (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farmer

MOTHER OF CHILD

16. FULL MAIDEN NAME Emma Gertrude Lane
17. Color or Race Caucasian
18. Age at time of THIS birth 29 yrs
19. Birthplace Kansas (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business "

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 5
(c) Born alive and now dead 2 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date (born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) DEC 16 1941 (Date received) (b) Mabel Hyde (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of Idaho
County of Ada } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Julia Edith Marsters, being first duly sworn, say that I am related to (Related to (or) acquainted with)
John Franklin Huntly (Name of person on certificate above) as sister (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. Lygeness (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Julia Edith Marsters Signature

R.F.D. #1, Meridian, Idaho P. O. Address

Subscribed and sworn to before me on this 16th day of December, 1941

(SEAL) Louis Martin, Jr. Notary Public, residing at Boise, Idaho

DEC 15 '11

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

294-218-0447-31

325916

325916

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce Bureau of Census

(Be sure the information is as of date of birth of THIS child)

DEC 11 1941

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 325916
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH**
   (a) County Washington (b) City Weiser
   (c) Street Address or R.F.D. No. Main St.
   (d) Name of Hospital or Maternity Home:
   (e) Mother's stay **BEFORE** delivery:
   In Hosp. or Mat. Home .....days.
   IN **THIS** county 19 years month days

2. **USUAL RESIDENCE of MOTHER** (At time of this birth)
   (a) State Idaho (b) County Washington
   (c) City Weiser
   (d) Street Address or R.F.D. No. Main St.
   (e) How long has **MOTHER** lived in Idaho? 19 yrs.
   (f) Mother's mailing address Weiser, Idaho.

3. **RESIDENCE of FATHER** (city, state) Weiser, Ida.

4. **FULL NAME OF CHILD** Clara Gertrude Kimball

5. Date of Birth (Month, day year) 12/18/1896

6. Sex F.

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes.

FATHER OF CHILD

10. **FULL NAME** Nathan Levi Kimball
11. Color or Race Wht
12. Age at time of THIS birth 24 yrs.
13. Birthplace Nebraska (City or town) (State or foreign country)
14. Exact Occupation Laborer
15. Industry or Business Transfer Co. (trucking)

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Sarah Rebecca Gray
17. Color or Race Wht.
18. Age at time of THIS birth 19 yrs.
19. Birthplace Weiser, Idaho (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Ownhome

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1 (c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 1.P M. on the date and at the place stated above, and that personal particulars were furnished by Sarah (First name) Kimball (Last name), who is related to this child as Mother

26. (a) DEC 11 1941 (Date received) (b) Mabel M. Elder (Mother, etc.) (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature Sarah Kimball M.D. (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Washington } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Sarah Kimball, being first duly sworn, say that I am The Mother (Related to (or) acquainted with) Clara Gertrude Kimball (Name of person on certificate above) as Daughter (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ..... (Name of attendant at birth), who attended said birth ..... (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Sarah Kimball Signature

Weiser Idaho P. O. Address

Subscribed and sworn to before me on this 4th, day of December, 1941

(SEAL) Jno. T. Goldthwaite Notary Public, residing at Weiser Idaho

DEC 18 1941

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

242-117-006-294

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 325974
Local Reg. No.
Reg. Dist. No.

DEC 15 1941

1. **PLACE OF BIRTH** Now Bonneville Co
(a) County Bingham (b) City Idaho Falls
(c) Street Address or R.F.D.No. 374 Basalt St.
(d) Name of Hospital or Maternity Home Home residence
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home ..... days. IN **THIS** county ..... years ..... month ..... days

2. **USUAL RESIDENCE of MOTHER** (At time of this birth)
(a) State Idaho (b) County Bingham
(c) City Idaho Falls
(d) Street Address or R.F.D.No. 374 Basalt
(e) How long has MOTHER lived in Idaho? 5-5 yrs.
(f) Mother's mailing address 374 Basalt St

3. **RESIDENCE of FATHER** (city, state)

4. **FULL NAME OF CHILD** James Arthur Bush

5. Date of Birth (Month, day year) Sept 17-1896

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** James Henry Bush
11. Color or Race White
12. Age at time of THIS birth ..... yrs.
13. Birthplace Malad (City or town) Idaho (State or foreign country)
14. Exact Occupation Grocery Business
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Isabell Simpson
17. Color or Race White
18. Age at time of THIS birth 31 yrs
19. Birthplace Kirk Caldy (City or town) Scotland (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum .....
23. Number of children of this mother: (a) At time of birth and including this child 4th (b) Born alive and now living 4 (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born (born alive, stillborn) at 5 O Clock A.M. on the date and at the place stated above, and that personal particulars were furnished by Isabel (First name) Gordon (Last name), who is related to this child as Mother (Mother, etc.)

26. (a) DEC 15 1941 (Date received) (b) Maud Heeden (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** ..... M.D. (D.O., Midwife, etc.) and address ..... Date .....

State of California
County of Los Angeles } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Isabel Gordon, being first duly sworn, say that I am Mother (Related to (or) acquainted with) James Arthur Bush (Name of person on certificate above) as I Am His Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr Mitchell (Name of attendant at birth), who attended said birth Is now Deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Mrs Isabelle Gordon Signature

1728 Florida St. Long Beach. Cal P. O. Address

Subscribed and sworn to before me on this 10 day of December, 1941

(SEAL)

My Commission Expires August 8, 1942

Notary Public, residing at 1928 East 7 St Long Beach. Calif.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 18 1941

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.



756 106 040-432

United States Department of Commerce Bureau of Census

(Be sure the information is as of date of birth of THIS child)

DEC 15 1941

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.

Local Reg. No. 326113

Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH
   (a) County Shoshone (b) City Wardner
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mother's stay BEFORE delivery: In Hosp. or Mat. Home ..... days. IN THIS county ..... years ..... month ..... days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
   (a) State (b) County
   (c) City
   (d) Street Address or R.F.D. No.
   (e) How long has MOTHER lived in Idaho? ..... yrs.
   (f) Mother's mailing address

3. RESIDENCE of FATHER (city, state)

4. FULL NAME OF CHILD Conklin, Lester George.

5. Date of Birth (Month, day, year) March 6, 1896

6. Sex Male

7. ~~Twin or~~ Triplet ~~If so born 1st, 2nd, 3rd~~

8. No. months of Pregnancy

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME George Conklin

11. Color or Race White

12. Age at time of THIS birth 23 yrs.

13. Birthplace Minneapolis (City or town) Minn (State or foreign country)

14. Exact Occupation Miner

15. Industry or Business Mines.

MOTHER OF CHILD

16. FULL MAIDEN NAME Margaret Mc Kay

17. Color or Race White

18. Age at time of THIS birth 20 yrs.

19. Birthplace Scotland, (City or town) (State or foreign country)

20. Exact Occupation Housewife.

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) DEC 15 1941 (Date received) (b) Mabel H Geer (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature ..... M.D. (D.O., Midwife, etc.) and address ..... Date .....

State of ~~Idaho~~ Oregon } ss Marion
County of ~~Bonner Shoshone~~ }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Mrs Helen Lyons, being first duly sworn, say that I am aunt (Related to (or) acquainted with) Lester George Conklin (Name of person on certificate above) as ..... (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ..... (Name of attendant at birth), who attended said birth ..... (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Mrs Helen Lyons Signature

..... P. O. Address

Subscribed and sworn to before me this 8 day of December, 1941

(SEAL) Howard Munson NOTARY PUBLIC FOR OREGON Notary Public, residing at .....

MY COMMISSION EXPIRES FEB. 12, 1944

JUN 7 1960
JUL 25 1960

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

396 - 120 - 006 - 843

327147

United States
Department of Commerce
Bureau of the Census

DEC 23 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 327147
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bingham (b) City Iona
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
Born in home of parents
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county 11 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bingham
(c) City Iona
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 11 yrs.

3. RESIDENCE OF FATHER (city, state) Iona, Idaho

4. FULL NAME OF CHILD EUGENE DELBERT CROWLEY

5. Date of Birth of Child (Month, day, year) June 20, 1896

6. Sex Male

7. Twin or Triplet no If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Squire Green Crowley
11. Color or Race White
12. Age at time of THIS birth 44 yrs.
13. Birthplace Sebree, (City or town) Kentucky (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. FULL MAIDEN NAME Harriet Amelda Hutchens
17. Color or Race White
18. Age at time of THIS birth 36 yrs.
19. Birthplace Ogden, Utah (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum not known

23. Number of children of this mother: (a) At time of birth and including this child 9 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date ..... and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

State of Idaho } ss.
County of Bonneville }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Brother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 51 years of age, that I have known this person for 45 years, and that Sarah Beach (mid-wife) (First name) (Last name), who attended this birth, is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Charles R. Crowley Signature
214 Shane Building, Idaho Falls, Idaho P. O. Address

Subscribed and sworn to before me this 20th day of December, 19 41.

(SEAL) Frances Crowley Notary Public, residing at Idaho Falls, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 24 1941 by Clyde A. Bridger Registrar.

DEC 24 1941

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

918-1271006-452

United States Department of Commerce Bureau of Census

(Be sure the information is as of date of birth of THIS child)

DEC 18 1941

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 327212
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Bingham (b) City Blackfoot
(c) Street Address or R.F.D. No. Pacific Street
(d) Name of Hospital or Maternity Home: born at home
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home ..... days. IN **THIS** county ..... years ..... month ..... days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Bingham
(c) City Blackfoot
(d) Street Address or R.F.D. No. Pacific Street
(e) How long has **MOTHER** lived in Idaho? 11 yrs.
(f) Mother's mailing address Blackfoot, Idaho

3. RESIDENCE of FATHER (city, state) Blackfoot, Ida.

4. FULL NAME OF CHILD EVERETT JOHN RAYMOND

5. Date of Birth (Month, day year) July 27, 1896

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME DANIEL RAYMOND

11. Color or Race White

12. Age at time of THIS birth 35 yrs.

13. Birthplace Windsor Locks, Connecticut (City or town) (State or foreign country)

14. Exact Occupation Contractor

15. Industry or Business ~~Contracting Business~~

MOTHER OF CHILD

16. FULL MAIDEN NAME Margaretha Christina Mester

17. Color or Race White

18. Age at time of THIS birth 31 yrs.

19. Birthplace Rendsburg, Holstein Co. Germany. (City or town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business None

22. Name prophylactic used to prevent Ophthalmia Neonatorum no information obtainable

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1 (c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (born alive, stillborn) at 7 A.M. on the date and at the place stated above, and that personal particulars were furnished by Margaretha Raymond (First name) (Last name), who is related to this child as Mother (Mother, etc.)

26. (a) DEC 26 1941 (Date received) (b) Leland A. Bridge Acting (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.) and address ..... Date

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

State of R.I. } ss.
County of Kent }

I, Margaretha Christina Raymond being first duly sworn, say that I am the mother (Related to (or) acquainted with) Everett John Raymond (Name of person on certificate above) as ..... (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that the physician, who attended said birth cannot be located (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Margaretha C. Raymond Signature

Coventry, Rhode Island. P. O. Address

Subscribed and sworn to before me on this ..... day of December 1941

(SEAL) Hilma M. Anderson Notary Public, residing at Coventry R.I.

Notary Public

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 26 1941

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

995-114-030-255

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 327231

Local Reg. No.

Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Lemhi (b) City Yellow Jacket
(c) Street Address or R.F.D. No. [illegible]
(d) Name of Hospital or Maternity Home: None
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home .....days.
IN **THIS** county One years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State (b) County
(c) City
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? .....yrs.
(f) Mother's mailing address

3. RESIDENCE of FATHER (city, state)

4. FULL NAME OF CHILD Claud Ringle

5. Date of Birth (Month, day year) 4/14/96

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME William Ringle

11. Color or Race White

12. Age at time of THIS birth 40 yrs.

13. Birthplace Pella (City or town) Iowa (State or foreign country)

14. Exact Occupation Miner

15. Industry or Business Mining

MOTHER OF CHILD

16. FULL MAIDEN NAME Clara Arabell Bentley

17. Color or Race White

18. Age at time of THIS birth 38 yrs.

19. Birthplace Peru (City or town) Illinois (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 7 (c) Born alive and now dead 3 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 3:00 P M. on the date and at the place stated above, and that personal particulars were furnished by Mable Mell Taylor (First name) (Last name), who is related to this child as Sister (Mother, etc)

26. (a) DEC 26 1941 (Date received) (b) Clyde A. Briggs (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature Mable Mell (Ringle) Taylor M.D. (D.O., Midwife, etc.)
and address Yoakville, Oregon Date 12/6/46

State of Oregon
County of Benton } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Mable Mell Ringle Taylor, being first duly sworn, say that I am related to (Related to (or) acquainted with) Claud Ringle (Name of person on certificate above) as Sister (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. F. W. Wright (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Mable Mell (Ringle) Taylor Signature
Yoakville Oregon P. O. Address

Subscribed and sworn to before me on this 6th day of December, 1946

(SEAL) R. M. Eckerson Notary Public, residing at Corvallis, Oregon

My Comm. Exp. 10/16/50

DEC 2 6 1941

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

513-11-035 -213

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

DEC 26 1941

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 327251
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Nez Perce (b) City
(c) Street Address or R.F.D. No. R. F. D.
(d) Name of Hospital or Maternity Home: At home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Nez Perce
(c) City
(d) Street Address or R.F.D. No. R. F. D.
(e) How long has **MOTHER** lived in Idaho? R.F.D. yrs.

3. RESIDENCE OF FATHER (city, state) Nez Perce, Ida.

4. FULL NAME OF CHILD Owen Eaton Hall

5. Date of Birth of Child (Month, day, year) Aug 11, 1896

6. Sex Male

7. Twin or Triplet No

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME George Eden Hall
11. Color or Race White
12. Age at time of THIS birth 36 yrs.
13. Birthplace Iowa (City or town) (State or foreign country)
14. Exact Occupation Farmer, now deceased
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME American Jane Ball
17. Color or Race White
18. Age at time of THIS birth 30 yrs.
19. Birthplace Kansas (City or town) (State or foreign country)
20. Exact Occupation Housewife, now deceased,
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Not known

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

State of Washington } ss.
County of Kittitas }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am ~~the~~ a sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 42 years of age, that I have known this person for 40 years, and that ..... (First name) ..... (Last name), who attended this birth unknown (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. S. C. Welch Signature

Ronglebo Wash. P. O. Address

Subscribed and sworn to before me this 18 day of Dec, 1941

(SEAL) E. E. Emison Notary Public, residing at Ronald

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 26 1941 by Clyde A. Bridges Asst., Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 27 1941

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

359-116-025-331

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

DEC 20 1941

State File No. 327288
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Idaho (b) City Harpster
(c) Street Address or R.F.D. No. --
(d) Name of Hospital or Maternity Home: --
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 4 years 1 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Idaho
(c) City Harpster
(d) Street Address or R.F.D. No. --
(e) How long has **MOTHER** lived in Idaho? 15 yrs.

3. RESIDENCE OF FATHER (city, state) Harpster,

4. FULL NAME OF CHILD DELBERT ANSEL TERNAN

5. Date of Birth of Child (Month, day, year) Aug 16 1896

6. Sex M

7. Twin or Triplet no If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Issac Carlaw Ternan
11. Color or Race W
12. Age at time of THIS birth 29 yrs.
13. Birthplace Arthur (City or town) Ontario, (State or foreign country) Canada
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Jennie Clark
17. Color or Race W
18. Age at time of THIS birth 28 yrs.
19. Birthplace Douglas (City or town) Ontario (State or foreign country) Canada
20. Exact Occupation housewife.
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum --

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date ..... and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife ..... Address ..... Date .....

State of Washington } ss.
County of Pierce }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 73 years of age, that I have known this person for 73 years, and that Mrs. Thomas Surridge (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Jennie Clark Ternan Signature

Ohop, Wash P. O. Address

Subscribed and sworn to before me this 18th day of Dec, 1941.

(SEAL) Leslie A. Stone Notary Public, residing at Orting

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

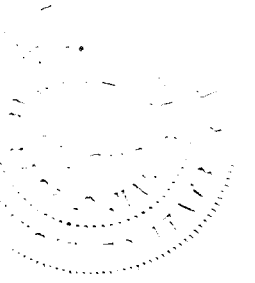
Received for filing on DEC 27 1941 by Clyde A. Bridges Actg., Registrar.

DEC 2 ? 1941

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



551-129.00-384 327333

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 327333
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County ADA (b) City MERIDIAN
(c) Street Address or R.F.D. No. 2
(d) Name of Hospital or Maternity Home: RESIDENCE
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 4 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State (b) County
(c) City
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD JESSE DAVID EVANS

5. Date of Birth of Child (Month, day, year) JAN 29 1896

6. Sex MALE

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? YES

FATHER OF CHILD

10. **FULL NAME** WALTER T EVANS
11. Color or Race WHITE
12. Age at time of THIS birth 26 yrs.
13. Birthplace ATLANTA (City or town) MISSOURI (State or foreign country)
14. Exact Occupation FARMER
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** SARAH ELLA LYDA
17. Color or Race WHITE
18. Age at time of THIS birth yrs.
19. Birthplace ATLANTA (City or town) MISSOURI (State or foreign country)
20. Exact Occupation HOUSEWIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho } ss.
County of Ada }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 72 years of age, that I have known this person for 45 years, and that Ina Jungen (First name) (Last name), who attended this birth now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Walter T. Evans Signature
Meridian Idaho P. O. Address

Subscribed and sworn to before me this 29th day of December, 1941.

(SEAL) O.M. Laing Notary Public, residing at Meridian Ida.

(Note: Perjury is punishable as a felony in Idaho, see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Dec 30 - 1941 by Mabel H. Geller, Registrar.

DEC 9 - 1941

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

433-16-029-596

United States Department of Commerce Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

DEC 17 1941

State File No. 327351

Local Reg. No.

Reg. Dist. No.

1. PLACE OF BIRTH
(a) County LATAH (b) City MOSCOW
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home ..... days. IN **THIS** county ..... years ..... month ..... days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County LATAH
(c) City MOSCOW
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 13 yrs.
(f) Mother's mailing address MOSCOW, IDAHO

3. RESIDENCE of FATHER (city, state) MOSCOW, IDAHO

4. FULL NAME OF CHILD Walter Taylor McCarty

5. Date of Birth (Month, day year) Dec. 16, 1896

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Alva Taylor McCarty
11. Color or Race White
12. Age at time of THIS birth 35 yrs.
13. Birthplace Lineville (City or town), Iowa (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Louisa Nilong
17. Color or Race White
18. Age at time of THIS birth 23 yrs.
19. Birthplace Rio Vista, Calif (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 3 (c) Born alive and now dead 2 (d) Stillborn None
24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date (born alive, stillborn) and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)
26. (a) DEC 17 1941 (Date received) (b) Mabel H Geeder (Registrar's signature)
27. Given name added on ..... by ..... (Registrar's signature)
25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.) and address ..... Date

State of Calif. } ss.
County of San Diego }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Louisa McCarty Walter Taylor McCarty, being first duly sworn, say that I am Related to (Related to (or) acquainted with) (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. Hillman, who attended (Name of attendant at birth) said birth is now deceased and that this birth **has not been previously recorded.** (Is now deceased (or) cannot be located)

Louisa McCarty Signature

Rt 1, Lakeside, Calif P. O. Address

Subscribed and sworn to before me on this 15th day of December, 1941

(SEAL) A. Maynard McLaughlin Notary Public, residing at San Diego, Calif.

My Commission Expires Feb. 27, 1946

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 29 1941

DEC 15 1952

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

962-102-003-275

327418

United States Department of Commerce Bureau of Census

(Be sure the information is as of date of birth of THIS child)

DEC 26 1941

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Bannock (b) City Downey
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Born at home
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home ..... days. IN **THIS** county ..... years ..... month ..... days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City Downey
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 1 yrs.
(f) Mother's mailing address Downey, Idaho

3. RESIDENCE of FATHER (city, state) Downey, Idaho

4. FULL NAME OF CHILD LeRoy Milo Roberts

5. Date of Birth (Month, day year) 11-2-96

6. Sex male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Ruben C. Roberts

11. Color or Race white

12. Age at time of THIS birth 41 yrs.

13. Birthplace DesMoines (City or town) Iowa (State or foreign country)

14. Exact Occupation Farm Laborer

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Ella Rebecca Spencer

17. Color or Race white

18. Age at time of THIS birth 25 yrs.

19. Birthplace Ft. Wayne (City or town) Indianna (State or foreign country)

20. Exact Occupation Housevife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 5 (c) Born alive and now dead 2 (d) Stillborn 1

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 4:00 A M. on the date and at the place stated above, and that personal particulars were furnished by Ella R. Green (First name) (Last name), who is related to this child as the mother (Mother, etc.)

26. (a) DEC 26 1941 (Date received) (b) David H Ellefsen (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature Ella R Green M.D. (D.O., Midwife, etc.)
and address 919 Walnut St Chico, Calif. Date 12-19-41

State of California } ss.
County of Butte }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Ella R. Green, being first duly sworn, say that I am related to (Related to (or) acquainted with) LeRoy Milo Roberts (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. Miller (Name of attendant at birth), who attended said birth as midwife is deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Ella R Green Signature
919 Walnut St., Chico, Calif. P. O. Address

Subscribed and sworn to before me on this 19th day of December, 19 41

(SEAL)

Notary Public residing at Chico, California

My Commission Expires July 8, 1943

NOTARY PUBLIC in and for the County of Butte, State of California

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 2 0 1947

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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631-727-028 243

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO DEC 26 1941

State File No. 327514
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Kootenai (b) City Bonners Ferry
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Born at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 4 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Kootenai
(c) City Bonners Ferry
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 6 yrs.

3. RESIDENCE OF FATHER (city, state) Bonners Ferry, Id.

4. FULL NAME OF CHILD Lloyd Victor O'Callaghan

5. Date of Birth of Child (Month, day, year) July 27, 1896

6. Sex Male **7.** Twin or Triplet **If so—born** 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? Yes.

FATHER OF CHILD

10. FULL NAME Charles O'Callaghan
11. Color or Race W. Irish **12.** Age at time of THIS birth 38 yrs.
13. Birthplace Buckingham (City or town) Canada (State or foreign country)
14. Exact Occupation Attorney
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Della Sullivan
17. Color or Race W. Irish **18.** Age at time of THIS birth 35 yrs.
19. Birthplace Chicago (City or town) Illinois (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at 11 P. M. on the date and at the place stated above, and that personal particulars were furnished by Mrs. (First name) John (Last name) Muhlfeld, who is related to this child as mother (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Boundary ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the friend (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 74 years of age, that I have known this person for 45 1/2 years, and that Dr (First name) Hankins (Last name), who attended this birth is deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. John Muhlfeld Signature
Bonners Ferry, Idaho P. O. Address

Subscribed and sworn to before me this 23 day of December 1941.
(SEAL) H. M. Macnamara Notary Public, residing at Bonners Ferry
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 26 1941 by Mabel H. Eyer, Registrar.

DEC 31 1941

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

357 129 035 742

327517

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO DEC 26 1941

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. **PLACE OF BIRTH:**
(a) County Nez Perce (b) City Leland
(c) Street Address or R F D No. R F D
(d) Name of Hospital or Maternity Home: At Home
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home.....days.
In **THIS** county 10 years 6 months ~~7~~ days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Nez Perce
(c) City Lewiston
(d) Street Address or R.F.D. No. R.F.D. #1
(e) How long has **MOTHER** lived in Idaho? 30 yrs.
(f) Mother's mailing address R F D #1 Lewiston
3. **RESIDENCE OF FATHER** (city, state) Same

4. **FULL NAME OF CHILD** Hugh Peter Terteling
5. Date of Birth (Month, day, year) Dec. 29th 1896
6. Sex Male
Twin or Triplet
If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9 mos
9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Peter Benjamin Terteling
11. Color or Race White American
12. Age at time of THIS birth 30 yrs.
13. Birthplace Near Kansas City (City or town) Kansas (State or foreign country)
14. Exact Occupation Brick Layer + Stone Mason
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Nannie Rebecca Mustoe
17. Color or Race White American
18. Age at time of THIS birth 21 years
19. Birthplace Green Top (City or town) Missouri (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum .....
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2 (c) Born alive and now dead 2 (d) Stillborn .....

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (born alive, stillborn) at 5 P.M. on the date and at the place stated above, and that personal particulars were furnished by Peter Benjimon Terteling (First name) (Last name) who is related to this child as Father (Mother, etc.)

26. (a) DEC 26 1941 (Date received) (b) Maud Keller (Registrar's signature)

25. Attendant's **OWN signature** .....M.D. or ..... (D.O., Midwife, etc.)
and address ..... Date

27. Given name added on .....by..... (Registrar's signature)

State of Idaho }
County of Nez Perce } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Peter Benjimon Terteling, being first duly sworn, say that I am related (Related to (or) acquainted with) Hugh Peter Terteling (Name of person on certificate above) as father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that none (Name of attendant at birth), who attended said birth (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Peter Benjamin Terteling Name
Route #1 Lewiston, Idaho P. O. Address

Subscribed and sworn to before me on this 22nd day of December 1941

(SEAL) Fred D. Woods Notary Public, residing at Lewiston, Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 30 19[illegible]

249-27025-219

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 327662
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Idaho (b) City White Bird
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: Born at home
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county 4 years 3 months 27 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Idaho
   (c) City on farm near White Bird
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 5¼ yrs.

3. **RESIDENCE OF FATHER** (city, state) White Bird, Idaho

4. **FULL NAME OF CHILD** Lewis Edward Smith

5. Date of Birth of Child (Month, day, year) July 27, 1896

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Edward Colman Smith
11. Color or Race White
12. Age at time of THIS birth 28 yrs.
13. Birthplace Quincy (City or town) Illinois (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Esther Karnes
17. Color or Race White
18. Age at time of THIS birth 20 yrs.
19. Birthplace Delphis (City or town) Kansas (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Farming

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child one. (b) Born alive and now living one

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Idaho } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 65 years of age, that I have known this person for 45 years, and that Elizabeth Karnes, my mother (First name) (Last name), who attended this birth is now deceased. (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Esther Karnes Smith Signature
2611 North Monroe, Spokane, Washington P. O. Address

Subscribed and sworn to before me this 26th day of December, 19 41

(SEAL) [signature] Notary Public, residing at Spokane, Washington.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Jan 2 - 1942 by Mabel Heeter, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 2 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

343-101-028-799

327723

327723

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

DEC 26 1941

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 327723
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Kootenai (Boundary) (b) City Albania Falls
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 4 years 6 months 2 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Kootenia (Boundary)
(c) City Albania Falls
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 4 yrs.

3. RESIDENCE OF FATHER (city, state) Albania Falls

4. FULL NAME OF CHILD Walter Irvin Luce

5. Date of Birth of Child (Month, day, year) June 1, 1896

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Francis Herman Luce

11. Color or Race White

12. Age at time of THIS birth 32 yrs.

13. Birthplace Washington (City or town) Minnesota (State or foreign country)

14. Exact Occupation Rancher

15. Industry or Business Rancher

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Nellie Agnes Briggs

17. Color or Race White

18. Age at time of THIS birth 28 yrs.

19. Birthplace Lake county (City or town) South Dakota, (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None

23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ✓ (Born alive, stillborn) at ... A. M. on the date and at the place stated above, and that personal particulars were furnished by Francis H. Luce (First name) (Last name), who is related to this child as Father (Mother, etc.)

25. Attendant's **OWN** signature ... M.D. Midwife Address ... Date

State of Idaho } ss.
County of Bonner }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 77 years of age, that I have known this person for 45 years, and that Mrs. A. Canton (First name) (Last name), who attended this birth ✓ (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Walter Irvin Luce ... Signature
Newport Wash. R. R. 4 ... P. O. Address

Subscribed and sworn to before me this 24 day of December, 1941.

(SEAL) Richard L. Lease ... Notary Public, residing at Priest River

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 26 1941 by Mabel L. Eiler, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 6 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

22-1-1025 713 JAN 3 1942

United States Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 327850
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Idaho (b) City Cottonwood
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 5 years 1 months 17 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Idaho
(c) City Cottonwood
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 51 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD William Nicholis Asker

5. Date of Birth of Child (Month, day, year) 1896 Aug 21st

6. Sex Male

7. Twin or Triplet No

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Louis Magnus Asker

11. Color or Race White

12. Age at time of THIS birth 37 yrs.

13. Birthplace Emevek (City or town) Sweeden (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Gina Galbranson

17. Color or Race White

18. Age at time of THIS birth 31 yrs.

19. Birthplace Pendalen (City or town) Norway (State or foreign country)

20. Exact Occupation House Wife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 8

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

State of Idaho } ss.
County of Nez Perce }

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 76 years of age, that I have known this person for ..... years, and that Mrs O P Mokey (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located), I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Gena Asker Signature

1436 - 6th Street Lewiston Idaho P. O. Address

Subscribed and sworn to before me this 29 day of December, 1941.

(SEAL) C. P. Hinkle Notary Public, residing at Lewiston Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 3 1942 by Mabel Fehler, Registrar.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

X355712-EFC-693

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce Bureau of Census

(Be sure the information is as of date of birth of THIS child)

JAN 2 1942 CERTIFICATE OF BIRTH STATE OF IDAHO

State File No. 327957
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Shoshone (b) City Weippe
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home ..... days. at home
IN **THIS** county ..... years ..... month ..... days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Shoshone
(c) City Weippe
(d) Street Address of R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? [redacted] 9 yrs.
(f) Mother's mailing address Weippe Idaho

3. RESIDENCE of FATHER (city, state) Weippe, Idaho

4. FULL NAME OF CHILD Ralph Sanford Teed

5. Date of Birth (Month, day year) June 12, 1896

6. Sex [redacted] Male

7. Twin or Triplet ..... If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME William A. Teed

11. Color or Race White

12. Age at time of THIS birth 29 yrs.

13. Birthplace Ohio (City or town) (State or foreign country)

14. Exact Occupation farming

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Lillian Wilson [redacted]

17. Color or Race White

18. Age at time of THIS birth 24 yrs.

19. Birthplace City Tills (City or town) Iowa (State or foreign country)

20. Exact Occupation housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1 (c) Born alive and now dead 2 (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 9 P.M. on the date and at the place stated above, and that personal particulars were furnished by Lillian Teed (First name) (Last name), who is related to this child as mother (Mother, etc.)

26. (a) JAN 2 1942 (Date received) (b) [signature] (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature Lillian Teed M.D. (D.O. Midwife, etc.)
and address Weippe Date Dec 29

State of Idaho } ss.
County of Kootenai }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Lillian Teed, being first duly sworn, say that I am Related to (Related to (or) acquainted with) Ralph Sanford Teed (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Geo Heim (Name of attendant at birth), who attended said birth deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Lillian Teed Signature
Weippe Idaho P. O. Address

Subscribed and sworn to before me on this 29 day of Dec. 1941

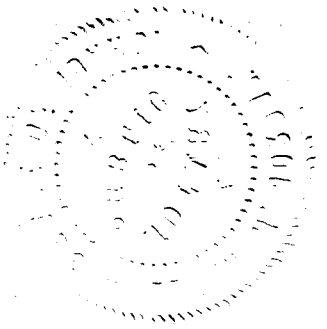
(SEAL)

Florence Jordan Notary Public, residing at Weippe Idaho

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



JAN 6 1942

United States 53-222
Department of Commerce 003-263
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 328037
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH**
   (a) County Bannock, (b) City Thatcher
   (c) Street Address or R.F.D. No. P.O.
   (d) Name of Hospital or Maternity Home: Home
   (e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home ..... days. IN **THIS** county 5 years month days

2. **USUAL RESIDENCE of MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bannoch
   (c) City Thatcher
   (d) Street Address or R.F.D. No. P/O.
   (e) How long has **MOTHER** lived in Idaho? 16 yrs.
   (f) Mother's mailing address P.O.

3. **RESIDENCE of FATHER** (city, state)

4. **FULL NAME OF CHILD** Edith Leone Peck

5. Date of Birth (Month, day, year) Feb. 22, 1896

6. Sex Female

7. Twin or Triplet no

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** George C. Peck
11. Color or Race White
12. Age at time of THIS birth 33 yrs.
13. Birthplace Peck's Creek Utah (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Edith May Bollwinkle
17. Color or Race White
18. Age at time of THIS birth 33 yrs.
19. Birthplace Salt Lake City Utah (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum none
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 3 (c) Born alive and now dead 2 (d) Stillborn 1

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as .....

26. (a) JAN 6 1942 (Date received) (b) Maud Y. Feeler (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature Olive Rack. Midwife, deceased. M.D. (D.O., Midwife, etc.)
and address ..... Date .....

State of California
County of Los Angeles } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

We George C. & Edith Peck being first duly sworn, say that ~~I am~~ we are parents of Edith Leone Peck as Parents (Related to (or) acquainted with) (Name of person on certificate above) (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ..... (Name of attendant at birth), who attended said birth Deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

× George C Peck Father. × Edith May Peck Mother Signature

6067 Middleton P. O. Address

Subscribed and sworn to before me on this 2nd day of January, 1942

(SEAL) MY COMMISSION EXPIRES SEPT. 5, 1945 Notary Public, residing at Long Beach, Calif.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certification envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 9 1942

APR 1 1977

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

328072

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County ELMORE (b) City Glenns Ferry
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 4 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Elmore
(c) City Glenns Ferry
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 4 yrs.

3. RESIDENCE OF FATHER (city, state) Glenns Ferry, Idaho

4. FULL NAME OF CHILD JOSEPH MELVIN ALFORD

5. Date of Birth of Child (Month, day, year) August 17, 1896

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Albert Cleveland Alford
11. Color or Race white
12. Age at time of THIS birth 27 yrs.
13. Birthplace Nebraska (City or town) (State or foreign country)
14. Exact Occupation Engineer
15. Industry or Business Union Pacific Railway

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Lettie Elvira Sheets
17. Color or Race white
18. Age at time of THIS birth 20 yrs.
19. Birthplace Lynn County, Kansas (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of OREGON
County of BAKER } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the MOTHER (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 65 years of age, that I have known this person for 45 years, and that Dr. Curtis (First name) (Last name), who attended this birth whereabouts unknown (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1927 Session Laws.

Lettie Elvira Alford Signature

Nyssa Oregon P. O. Address

Subscribed and sworn to before me this 26th day of December, 19 41.

(SEAL) Irene Loney Notary Public, residing at Baker, Oregon

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 27 1941 by [illegible], Registrar.

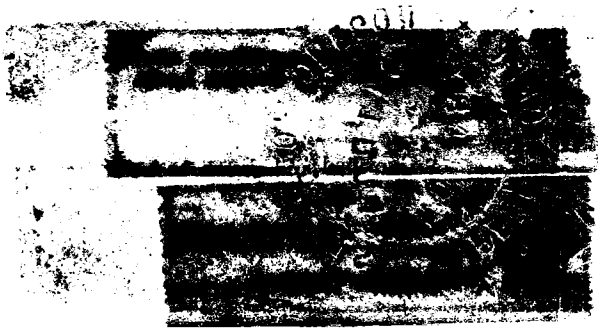
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 9 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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JAN 12 1942

328368

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Latah (b) City Kendrick
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Born at home of uncle O.R. Haines
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months 8 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County
(c) City Kendrick
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 18 mo. yrs.

3. **RESIDENCE OF FATHER** (city, state) Kendrick Ida.

4. **FULL NAME OF CHILD** Cecil David Haines

5. Date of Birth of Child (Month, day, year) March 20, 1896

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Lewis Sherman Haines
11. Color or Race White
12. Age at time of THIS birth 28 yrs.
13. Birthplace Don't know (City or town) Michigan (State or foreign country)
14. Exact Occupation Common Laborer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Dora Rebecca Goddard
17. Color or Race White American
18. Age at time of THIS birth 27 yrs.
19. Birthplace Wheaton (City or town) Ohio (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Washington } ss.
County of Clark }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 72 years of age, that I have known this person for ~~28~~ 45 years, and that La the midwife (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Dora Aldrich nee Goddard Signature
3213 K St Vancouver Wash P.O. Address

Subscribed and sworn to before me this 10th day of January, 19 42

(SEAL) L.E. Eckhardt Notary Public, residing at Vancouver, Wn.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 12 1942 by Mabel Hedges, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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366108 D14-266

328472 328472

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

JAN 15 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Canyon (b) City Caldwell
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Canyon
   (c) City Caldwell
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Sterl George Cook

5. Date of Birth of Child (Month, day, year) Feb 8 1896

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** George Thomas Cook

11. Color or Race White

12. Age at time of THIS birth 26 yrs.

13. Birthplace Texas (City or town) (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Minnie Elizabeth Boffey

17. Color or Race White

18. Age at time of THIS birth 22 yrs.

19. Birthplace Silver City Idaho (City or town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho } ss.
County of Ada }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4 above, that I am now 67 years of age, that I have known this person for 45 years, and that Ellen M. Cook (First name) (Last name), who attended this birth is now deceased (Is now deceased or Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Minnie E. Cook Signature

R.R. #5 P. O. Address

Subscribed and sworn to before me this 14th day of January, 19 42

(SEAL) Notary Public, residing at Boise, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

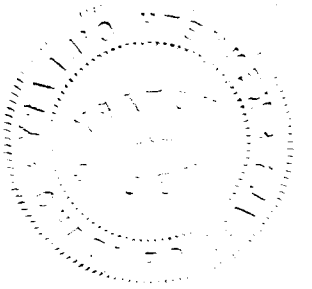
Received for filing on JAN 15 1942 by Mabel H. Elsom, Registrar.

JAN 15 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report ~~may be~~ received ~~and filed by the~~ local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



319 115 014 386

328473

United States Department of Commerce Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 328473

Local Reg. No.

Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Canyon (b) City Caldwell
(c) Street Address or R.F.D. No. none
(d) Name of Hospital or Maternity Home: none
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home ....days. IN **THIS** county 1 years no month no days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Canyon
(c) City Caldwell
(d) Street Address or R.F.D. No. none
(e) How long has **MOTHER** lived in Idaho? 1 yrs.
(f) Mother's mailing address Caldwell, Idaho

3. RESIDENCE of FATHER (city, state) Caldwell Idaho

4. FULL NAME OF CHILD William Homer Carter

5. Date of Birth (Month, day year) Jan. 15, 1896

6. Sex male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd 4th

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Lawson H. Carter

11. Color or Race white

12. Age at time of THIS birth 34 yrs.

13. Birthplace Richmond (City or town) Virginia (State or foreign country)

14. Exact Occupation Rancher

15. Industry or Business Rented ranch

MOTHER OF CHILD

16. FULL MAIDEN NAME Ella Thornton

17. Color or Race white

18. Age at time of THIS birth 31 yrs.

19. Birthplace DeKalb Co. (City or town) Missouri (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business in own home.

22. Name prophylactic used to prevent Ophthalmia Neonatorum none

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4 (c) Born alive and now dead none (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 10 A. M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

26. (a) Jan 15 -1943 (Date received) (b) Mabel T Gleason (Registrar's signature)

27. Given name added on ....by (Registrar's signature)

25. Attendant's **OWN** signature [redacted]

and address [redacted] Date [redacted]

State of Oregon } ss.
County of Douglas }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Anna Pearl Strickland, being first duly sworn, say that I am related to (Related to (or) acquainted with) William Homer Carter (Name of person on certificate above) as sister (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that the mid-wife (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Anna Pearl Strickland Signature

Looking Glass, Oregon P. O. Address

Subscribed and sworn to before me on this 9th day of January 1943

(SEAL) R. O. Young Notary Public, residing at Roseburg

NOTARY PUBLIC FOR OREGON My Commission Expires Feb. 27th, 1943

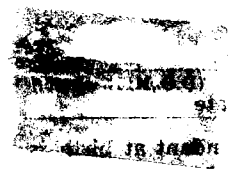
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

5 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



955 110 036-892

328486

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 328485
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Oneida (b) City Preston Idaho
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Private Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Oneida
(c) City Preston
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 10 yrs.

3. **RESIDENCE OF FATHER** (city, state) Preston Idaho

4. **FULL NAME OF CHILD** Eugene Hibbert Bennett

5. Date of Birth of Child (Month, day, year) Dec. 10, 1896

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9mo

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Samuel James Bennett
11. Color or Race White
12. Age at time of THIS birth 32 yrs.
13. Birthplace Kaysville (City or town) Davis County (State or foreign country) Utah
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Melinda Hibbert
17. Color or Race White
18. Age at time of THIS birth 27 yrs.
19. Birthplace Enterprise (City or town) Morgan (State or foreign country) Utah
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born (Born alive, stillborn) at A.M. M. on the date and at the place stated above, and that personal particulars were furnished by Lillian (First name) Bright (Last name), who is related to this child as Aunt (Mother, etc.)

25. Attendant's **OWN** signature Lillian T Bright M.D. Midwife Address 810 No 3rd St Boise Idaho Date Jan 15, 42

State of Idaho } ss.
County of Ada }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Aunt (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 68 years of age, that I have known this person for 46 years, and that Mrs Mae Green (First name) (Last name), who attended this birth, was not located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Lillian T. Bright Signature
810 N 3rd St Boise Idaho O. Address

Subscribed and sworn to before me this 15th day of January, 1942.

(SEAL) Russell B Smith Notary Public, residing at Boise, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 16 1942 by Mary F Keeler, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Ada }

Certificate No. 32 8[illegible]6

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of ..... (BIRTH OR DEATH)

for Eugene Hubbert Bennett (NAME ON ORIGINAL CERTIFICATE) who born (WAS BORN OR DIED) on Dec. 10, 1897 (DATE OF EVENT)

in Preston, Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by ..... (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on ..... (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Date of Birth	12-10-1897	12-10-1896

Subscribed and sworn to before me this 27th day of January, 1942

Jewell B. Bench
Notary Public, residing at Boise Idaho

My commission expires Sept 19, 1942
(SEAL)

Signed Lillian H. Bright
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

.....
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Ada }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 138, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19 .....

.....
Notary Public, residing at .....

My commission expires .....
(SEAL)

Signed Lillian H. Bright
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

.....
(STREET ADDRESS, CITY, STATE)

Received for filing on ..... By .....
(REGISTRAR'S SIGNATURE)

JAN 28 1942

318 NC 022.662

328487

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 328487
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Fremont (b) City Lyman
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 19 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City Lyman
(d) Street Address or R.F.D. No. 1 Thornton
(e) How long had **MOTHER** lived in Idaho? 19 yrs.

3. RESIDENCE OF FATHER (city, state) Idaho

4. FULL NAME OF CHILD Stephen Herbert Taylor

5. Date of Birth of Child (Month, day, year) July 6th 1896

6. Sex

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME John Taylor
11. Color or Race White
12. Age at time of THIS birth 33 yrs.
13. Birthplace Tooele (City or town) Utah (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Anne Bailey Foster
17. Color or Race White
18. Age at time of THIS birth 29 yrs.
19. Birthplace Maple Grove (City or town) Michigan (State or foreign country)
20. Exact Occupation Home wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho } ss.
County of Bonneville }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 55 years of age, that I have known this person for 40 years, and that Charlotte Wylie (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Eliza Buckland Signature

Thornton, Idaho P. O. Address

Subscribed and sworn to before me this 13th day of January, 1942

(SEAL) (CLERK OF THE DISTRICT COURT) Notary Public, residing at Idaho Falls Idaho

(Note: Perjury is punishable as a felony in Idaho, see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Jan 16-1942 by Mabel H Colfer, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN

MAR 1 4 1966

JUN 8 1955

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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8-21-215 037 29

328587

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 328587
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Owyhee (b) City Silver City
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Owyhee
(c) City Silver City
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 20 yrs.

3. RESIDENCE OF FATHER (city, state) Silver City, Idaho

4. FULL NAME OF CHILD Ruth Alice York

5. Date of Birth of Child (Month, day, year) July 15, 1896

6. Sex Female **7.** Twin or Triplet **If so—born** 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Lem Adolphus York
11. Color or Race white **12.** Age at time of THIS birth 30 yrs.
13. Birthplace Lewiston (City or town) Maine (State or foreign country)
14. Exact Occupation Printer
15. Industry or Business Publisher Owyhee Avalanche

MOTHER OF CHILD

16. FULL MAIDEN NAME Catherine Brady
17. Color or Race white **18.** Age at time of THIS birth 24 yrs.
19. Birthplace New Diggings (City or town) Wis. (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Don't know

23. Number of children of this mother: (a) At time of birth and including this child..... (b) Born alive and now living.....

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

State of Idaho } ss.
County of Ada }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 75 years of age, that I have known this person for since birth years, and that Dr. W. C. Lippincott (First name) (Last name), who attended this birth is deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

L. H. York Signature
1515 N. 20th St., Boise, Idaho P. O. Address

Subscribed and sworn to before me this 16 day of January, 1942.
(SEAL) Karl W. Bonbam Notary Public, residing at Boise, Idaho.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Jan 16-1942 by Mabel H. Eckert, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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JAN 8 1942 45-T-19.025 453

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 328655
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Idaho (b) City Lucile
(c) Street Address or R.F.D. No. John Day creek
(d) Name of Hospital or Maternity Home: born at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 20 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Idaho
(c) City near Lucile
(d) Street Address or R.F.D. No. John Day Creek
(e) How long has **MOTHER** lived in Idaho? 100 yrs.

3. **RESIDENCE OF FATHER** (city, state) Idaho Co-Idaho near Lucile

4. **FULL NAME OF CHILD** William Henry Deasy

5. Date of Birth of Child (Month, day, year) Sept 19 1896

6. Sex male

7. Twin or Triplet single If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Michael Deasy
11. Color or Race white
12. Age at time of THIS birth 28 yrs.
13. Birthplace John Day Creek (City or town) Idaho (State or foreign country)
14. Exact Occupation Farmer.
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Henrietta Samyra Delmage
17. Color or Race white
18. Age at time of THIS birth 20 yrs.
19. Birthplace Brunswick (City or town) Kanebec Maine (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at John Day Creek M. on the date and at the place stated above, and that personal particulars were furnished by Henrietta D'Deasy (First name) (Last name), who is related to this child as his mother (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Washington } ss.
County of Spokane }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 45 years of age, that I have known this person for 46 years, and that Henrietta Deasy (First name) (Last name) my mother in law who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Henrietta Samyra Deasy Signature
W-2023-3rd Ave Spokane Wash. P. O. Address

Subscribed and sworn to before me this 7th day of January, 1942

(SEAL) Rose M. McCarthy Notary Public, residing at Spokane Wn

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 8 1942 by Mabel H. Ellis, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

7 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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JAN 12 1942 819-124-820-235

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 328664
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Elmore (b) City Glenns Ferry
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 5 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Elmore
(c) City Glenns Ferry Idaho
(d) Street Address or R.F.D. No. 1
(e) How long has **MOTHER** lived in Idaho? 12 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Harold Albert Hartman

5. Date of Birth of Child (Month, day, year) March 24-1896

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Franklin M. Hartman

11. Color or Race White

12. Age at time of THIS birth 43 yrs.

13. Birthplace Pennsylvania (City or town) (State or foreign country)

14. Exact Occupation Carpenter.

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Dena Stein

17. Color or Race White

18. Age at time of THIS birth 38 yrs.

19. Birthplace Littfeld Germany (City or town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business at home.

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother 2 (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho } ss.
County of Elmore }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the half-brother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 61 years of age, that I have known this person for 46 years, and that Dr. Newkirk (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Martin Stein Signature

Glenns Ferry, Idaho P. O. Address

Subscribed and sworn to before me this 10th day of January, 19 42.

(SEAL) Leo A Robertson Notary Public, residing at Glenns Ferry, Ida

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 12 1942 by Mabel D Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 17 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

JAN 12 1942 145-229-028-314

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 328710
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Kootenia (b) City
(c) Street Address or R.F.D. No. Ranch
(d) Name of Hospital or Maternity Home: None
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 3 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State IDAHO (b) County KOOTENIA
(c) City
(d) Street Address or R.F.D. No. RANCH.
(e) How long has **MOTHER** lived in Idaho? 3 yrs.

3. **RESIDENCE OF FATHER** (city, state) IDAHO

4. **FULL NAME OF CHILD** VIOLET JANE AMERMAN

5. Date of Birth of Child (Month, day, year) Sept 29-1896

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** LOUIS AMERMAN
11. Color or Race White
12. Age at time of THIS birth 25 yrs.
13. Birthplace Bay City (City or town) MICHIGAN (State or foreign country)
14. Exact Occupation Rancher
15. Industry or Business Rancher

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Elizabeth Louise Causton
17. Color or Race White
18. Age at time of THIS birth 21 yrs.
19. Birthplace London (City or town) England (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date (Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife ..... Address ..... Date .....

State of California } ss.
County of Los Angeles }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 66 years of age, that I have known this person for 45 years, and that Mrs. Lena Carson (First name) (Last name), who attended this birth, is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 189, 1937 Session Laws.

Elizabeth Louise Amerman Tiffin. Signature

1377 W. 23rd St. Long Beach, Cal. P. O. Address

Subscribed and sworn to before me this 9th day of January, 19 42.

(SEAL) Helene M. Johnson Notary Public, residing at Long Beach, Cal.

My Commission Expires March 22, 1945

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 12 1942 by Mabel H. Eelfen, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 19 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

JAN 10 1942 65 2128 003 168

United States Department of Commerce Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 328750

Local Reg. No.

Reg. Dist. No.

1. PLACE OF BIRTH
(a) County BANNOCK (b) City CHESTERFIELD
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: (BORN IN PRIVATE RANCH HOME)
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home —days. IN **THIS** county 11 years — month — days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State IDAHO (b) County BANNOCK
(c) City CHESTERFIELD
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 11 yrs.
(f) Mother's mailing address CHESTERFIELD, IDA.

3. RESIDENCE of FATHER (city, state) CHESTERFIELD IDAHO

4. FULL NAME OF CHILD WILLIAM JENNINGS BRYAN WEST

5. Date of Birth (Month, day year) AUGUST 28, 1896

6. Sex MALE **7.** Twin or Triplet — If so—born 1st, 2nd, 3rd — **8.** No. months of Pregnancy NINE **9.** Legitimate? YES

FATHER OF CHILD

10. FULL NAME CHARLES SPENCER WEST
11. Color or Race WHITE **12.** Age at time of THIS birth 36 yrs.
13. Birthplace PARAWAN, UTAH (City or town) (State or foreign country)
14. Exact Occupation RANCHER
15. Industry or Business CATTLE RAISING

MOTHER OF CHILD

16. FULL MAIDEN NAME CELESTIA JOHNSON
17. Color or Race WHITE **18.** Age at time of THIS birth 35 yrs.
19. Birthplace SPRINGVILLE, UTAH (City or town) (State or foreign country)
20. Exact Occupation HOME MAKER
21. Industry or Business AT CATTLE RANCH

22. Name prophylactic used to prevent Ophthalmia Neonatorum NONE USED
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 6 (c) Born alive and now dead NONE (d) Stillborn NONE

24. I HEREBY CERTIFY That I attended the birth of this child, who was BORN ALIVE (born alive, stillborn) at — — M. on the date and at the place stated above, and that personal particulars were furnished by CELESTINE W. TOMLINSON (First name) (Last name) who is related to this child as AN OLDER SISTER (Mother, etc)

26. (a) JAN 10 1942 (Date received) (b) Mabel Heler (Registrar's signature)

27. Given name added on by (Registrar's signature)

25. Attendant's **OWN** signature DECEASED M.D. (M.D., Midwife, etc.) and address — Date —

State of BINGHAM } ss.
County of IDAHO }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, CELESTINE W. TOMLINSON, being first duly sworn, say that I am RELATED TO (Related to (or) acquainted with) WILLIAM JENNINGS BRYAN WEST (Name of person on certificate above) as SISTER (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that MRS. RUTH DAVIDS (Name of attendant at birth), who attended said birth IS NOW DECEASED (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Celestine W. Tomlinson Signature
116 NORTH FISHER, BLACKFOOT, IDAHO P. O. Address

Subscribed and sworn to before me on this SEVENTH day of JANUARY, 1942
(SEAL) Stanley M Brown Notary Public, residing at BLACKFOOT, IDAHO

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

434 128 040-386

United States Department of Commerce Bureau of the Census

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 28792
Local Reg. No.
Reg. Dist. No. 1441

1. **PLACE OF BIRTH:**
(a) County Shoshone (b) City Wallace.
(c) Street Address or R.F.D. No.
(d) Name of Hospital of Maternity Home: At Home.
(e) Mother's stay **BEFORE** delivery:
In Hospital or Maternity Home ..... Days
In **THIS** county years months days

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Wash (b) County Spokane
(c) City
(d) Street Address or R.F.D. No. 5-18 W Montgomery
(e) How long has **MOTHER** lived in Idaho? 2 8 yrs.
(f) Mother's mailing address (For registration notice):
Spokane Wash.
(Street or R.F.D.) (Postoffice)

3. **RESIDENCE OF FATHER** (city, state) Deceased.

4. **FULL NAME OF CHILD** John Thomas McDonald.

5. **DATE OF BIRTH** (Month, day, year) Nov 28 1896.

6. Sex Male.

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Alex McDonald.

11. Color or Race White

12. Age at time of THIS birth 33 yrs.

13. Birthplace Prince Edward Island.
(City or Town) (State or foreign country)

14. Exact Occupation Mining

15. Industry Business Mining

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Cecelia Thomas.

17. Color or Race White

18. Age at time of THIS birth 21 yrs.

19. Birthplace Cornwall England.
(City or Town) (State or foreign country)

20. Exact Occupation Housewife.

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 3. (b) Born alive and now living 2
(c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, ~~stillborn~~) at 1 A. M. on the date and at the place stated above, and that personal particulars were furnished by Cecelia McDonald (First name) (Last name) who is related to this child as ..... (Mother, ~~etc.~~)

26. (a) Jan-11-47 (Date received) (b) [signature] (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** Sophie E. Thomas M.D. (D.O., Midwife, etc.)
and address ..... Date .....

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to STATE BUREAU OF VITAL STATISTICS, Boise, Idaho.

LOCAL REGISTRATION OF BIRTHS

SEC. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

SEC. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, *within* 10 *days after the date of birth;* and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make a proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at a less interval than 10 days after the birth, if so required by municipal ordinances of regulations now in force or that may hereafter be enacted.

SEC. 38-215 CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

SEC. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT

(Not for certified copies)

(To be used for Crippled Children, Maternal & Child Health work)

(a) Pregnancy: Complications of .....

.....

.....

(b) Labor: Complications: .....

.....

..... Induced? .....

.....

(c) State all operations for delivery .....

.....

.....

(d) Did baby have any:

(1) Congenital Malformation? .....

Describe: .....

(2) Birth Injury? .....

Describe: .....

(3) Was mother given a Wasserman before delivery?

Yes..... No..... Pos..... Neg.....

(e) Signature of Physician:

.....

386-105 025 958

328798

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

JAN 15 1942

1. **PLACE OF BIRTH:**
(a) County Idaho (b) City Grangeville
(c) Street Address or R F D No.....
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home.....days.
In **THIS** county.....years.....months.....days

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Idaho
(c) City Grangeville
(d) Street Address or R.F.D. No.....
(e) How long has **MOTHER** lived in Idaho? 9 yrs.
(f) Mother's mailing address.....

3. **RESIDENCE OF FATHER** (city, state) ~~Grangeville~~ Idaho

4. **FULL NAME OF CHILD** Roy Archie Thompson

5. Date of Birth (Month, day, year) May 5th 1896

6. Sex. Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Jesse Baldwin Thompson
11. Color or Race White
12. Age at time of THIS birth.....yrs.
13. Birthplace Ottumwa Iowa (City or town) (State or foreign country)
14. Exact Occupation.....
15. Industry or Business.....

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Melynda Emily Zehner
17. Color or Race White
18. Age at time of THIS birth 24 years
19. Birthplace..... (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business.....

22. Name prophylactic used to prevent Ophthalmia Neonatorum .....
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 2
(c) Born alive and now dead 1 (d) Stillborn.....

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....(born alive, stillborn) at.....M. on the date and at the place stated above, and that personal particulars were furnished by.....(First name) (Last name), who is related to this child as.....(Mother, etc.)

Mabel Feder
(Registrar's signature)

26. (a) JAN 15 1942 (Date received) (b)

25. Attendant's **OWN signature**.....M.D. or.....(D.O., Midwife, etc.)
and address Date

27. Given name added on.....by.....(Registrar's signature)

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

State of Montana }
County of Silver Bow } ss.

Melinda Emily Thompson, being first duly sworn, say that I am Related to (Related to (or) ~~acquainted with~~) Roy Archie Thompson (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that.....(Name of attendant at birth), who attended said birth.....(Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Melinda Emily Thompson Name
130 Stewart St. Butte, Mont. P. O. Address

Subscribed and sworn to before me on this 16th day of January 1942.

(SEAL) Charles Brown Notary Public, residing at Butte, Montana

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 130, Section 4)

When the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the manner provided for the purpose in Section 39-250, Chapter 2, Title 39, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge of the premises.

438-111-2 40-449

328837

United States Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

JAN 13 1942

State File No.
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH**
   (a) County Shoshone (b) City Mullan
   (c) Street Address or R.F.D. No. home
   (d) Name of Hospital or Maternity Home: Family Home
   (e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home home days. IN **THIS** county years month days

2. **USUAL RESIDENCE of MOTHER** (At time of this birth)
   (a) State Idaho (b) County Shoshone
   (c) City Mullan
   (d) Street Address or R.F.D. No. home
   (e) How long has **MOTHER** lived in Idaho? 7 yrs.
   (f) Mother's mailing address Mullan, Idaho

3. **RESIDENCE of FATHER** (city, state)

4. **FULL NAME OF CHILD** Michael Bernard McHugh

5. Date of Birth (Month, day, year) March 11, 1896

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Michael Joseph McHugh
11. Color or Race White
12. Age at time of THIS birth 38 yrs.
13. Birthplace Roscommon (City or town) Ireland (State or foreign country)
14. Exact Occupation Hotel Proprietor
15. Industry or Business Hotel Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Julia Loretta Murphy
17. Color or Race White
18. Age at time of THIS birth 30 yrs.
19. Birthplace Milwaukee Wisconsin (City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business House wife

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4 (c) Born alive and now dead 1 (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was (born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

26. (a) JAN 13 1942 (Date received) (b) Mary E Elders (Registrar's signature)

27. Given name added on by (Registrar's signature)

25. Attendant's **OWN signature** M.D. (D.O., Midwife, etc.) and address Date

State of
County of } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Margaret M. Burns, being first duly sworn, say that I am related (Related to (or) acquainted with) Michael Bernard McHugh (Name of person on certificate above) as Sister (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr Lipsner (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Margaret M Burns Signature

Mullan Ida. P. O. Address

Subscribed and sworn to before me on this 9 day of January, 1941

(SEAL) P. M. Dennis Notary Public, residing at Mullan Ida.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received ~~and filed by the local registrar~~ for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

847-119-001317 328924

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

JAN 20 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 328924
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Ada (b) City Star
(c) Street Address or R.F.D. No. Star Idaho
(d) Name of Hospital or Maternity Home: Born at own home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 8 years 10 months 19 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Star, Ida
(d) Street Address or R.F.D. No. Star Idaho
(e) How long has **MOTHER** lived in Idaho? 8 yrs.

3. RESIDENCE OF FATHER (city, state) Star Ida

4. FULL NAME OF CHILD Marion Stanley Hughes

5. Date of Birth of Child (Month, day, year) 3-19-96

6. Sex

7. Twin or Triplet / If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy (full time)

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Moses Stanley Hughes
11. Color or Race White
12. Age at time of THIS birth 43 yrs.
13. Birthplace Sullivan Co. Penn. U.S.A. (City or town) (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Mary Frances Cogdill
17. Color or Race White
18. Age at time of THIS birth 38 yrs.
19. Birthplace Gentry Co. Mo. U.S.A. (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Boracic Acid

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (Born alive, stillborn) at 10 a. M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.).

25. Attendant's **OWN** signature O W Hall M.D. / Midwife Address Boise Idaho Date Jan 20, [illegible]

State of ..... } ss.
County of ..... }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature

..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 20 1942 by ..... Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

746-109-029-414 329658

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

JAN 24 1942 CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 329058
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Latah (b) City Moscow
(c) Street Address or R.F.D. No. S. Jefferson St.
(d) Name of Hospital or Maternity Home: Home - South Jefferson St.
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 2 years 7 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Moscow
(d) Street Address or R.F.D. No. S. Jefferson St.
(e) How long has **MOTHER** lived in Idaho? 2- yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Robla Reese Griffin

5. Date of Birth of Child (Month, day, year) May 9th 1896

6. Sex Male **7.** Twin or Triplet No. If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? Yes.

FATHER OF CHILD

10. **FULL NAME** William Oliphant Griffin
11. Color or Race White 12. Age at time of THIS birth 33 yrs.
13. Birthplace Redfield (City or town) Kansas (State or foreign country)
14. Exact Occupation Transfer Owner
15. Industry or Business Transfer Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Ellen Maddux
17. Color or Race White 18. Age at time of THIS birth 27 yrs.
19. Birthplace Centralia (City or town) Illinois (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Home.

22. Name prophylactic used to prevent Ophthalmia Neonatorum None
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at 7 a. M. on the date and at the place stated above, and that personal particulars were furnished by Mary Ellen Griffin (First name) (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature , M.D. Midwife Address Date

State of Washington } ss.
County of Spokane }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 73 years of age, that I have known this person for 46 years, and that Dr. W.A. Adams (First name) (Last name), who attended this birth is deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary Ellen Griffin-Wyatt Signature
1426 Rockefeller Everett Wash. P. O. Address

Subscribed and sworn to before me this 22nd day of January, 1942

(SEAL) J. F. Metzger Notary Public, residing at Everett

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 24 1942 by Maud S. Eder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 26 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

515-120-044-212

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

JAN 15 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 329089
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Washinton (b) City Salubria
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 14 years 2 months 4 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Wash.
(c) City Salubria
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 14 yrs.

3. RESIDENCE OF FATHER (city, state) Salubria, Ida

4. FULL NAME OF CHILD John Vanburen Hannan

5. Date of Birth of Child (Month, day, year) June 20, 1896

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Martin Vanburen Hannan

11. Color or Race White

12. Age at time of THIS birth 42 yrs.

13. Birthplace Stockton, (City or town) California. (State or foreign country)

14. Exact Occupation Saloon Keeper

15. Industry or Business Saloon

MOTHER OF CHILD

16. FULL MAIDEN NAME Nancy Catherine Babb

17. Color or Race White

18. Age at time of THIS birth 26 yrs.

19. Birthplace Osage County, (City or town) Missouri (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business None

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 10

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Oregon
County of Marion } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 71 years of age, that I have known this person for 45 years, and that Mrs Elton (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Nancy C Hannan Signature
422 S. 1st St. Silverton, Oregon P. O. Address

Subscribed and sworn to before me this 12th day of January, 1942

(SEAL) L E Hosmer Notary Public, residing at Silverton, Ore.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated. My Commission expires 6/3/44.

Received for filing on JAN 15 1942 by Mary E Elder, Registrar.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

763-183-014791

329149

United States Department of Commerce Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

JAN 15 1942 STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Canyon (b) City Nampa
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county ... years ... month ... days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County
(c) City Nampa
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 3 yrs.
(f) Mother's mailing address

3. RESIDENCE of FATHER (city, state) Nampa

4. FULL NAME OF CHILD William Michael Golden

5. Date of Birth (Month, day year) Feb. 23, 1896

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Thomas Aloysius Golden
11. Color or Race White
12. Age at time of THIS birth 37 yrs.
13. Birthplace Providence, Rhode Island (City or town) (State or foreign country)
14. Exact Occupation Rancher
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Effie Parth Grant
17. Color or Race White
18. Age at time of THIS birth 30 yrs.
19. Birthplace Monmouth, Illinois (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Silver Nit.
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3 (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by Effie (First name) Golden (Last name), who is related to this child as Mother (Mother, etc.)

26. (a) JAN 15 1942 (Date received) (b) [signature] (Registrar's signature)

27. Given name added on ... by ... (Registrar's signature)

25. Attendant's **OWN** signature J. H. Murgan M.D. (D.O., Midwife, etc.) and address Nampa Ida, Date Jan 14 1942

State of ... } ss.
County of ... }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, ..., being first duly sworn, say that I am ... (Related to (or) acquainted with) ... (Name of person on certificate above) as ... (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ... (Name of attendant at birth), who attended said birth ... (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

... Signature

2423 Kansas Ave., Omaha, Nebr. P. O. Address

Subscribed and sworn to before me on this ... day of ..., 19...

(SEAL) ... Notary Public, residing at ...

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 22 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

142-226-032-696

329163

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

JAN 15 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Lincoln (b) City Hagerman
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 14 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County
(c) City Hagerman
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 60 yrs.

3. RESIDENCE OF FATHER (city, state) Hagerman, Ida.

4. FULL NAME OF CHILD Ethel Hulda Justice [redacted]

5. Date of Birth of Child (Month, day, year) May 26, 1896

6. Sex Female **7.** Twin or Triplet Single If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? Yes

FATHER OF CHILD	MOTHER OF CHILD
10. **FULL NAME** William Justice	16. **FULL MAIDEN NAME** Hulda Arizona Frost
11. Color or Race White	17. Color or Race White
12. Age at time of THIS birth 40 yrs.	18. Age at time of THIS birth 26 yrs.
13. Birthplace Indiana (City or town) (State or foreign country)	19. Birthplace Osage Mills, Arkansas (City or town) (State or foreign country)
14. Exact Occupation Farmer	20. Exact Occupation Housewife
15. Industry or Business Farming	21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife ..... Address ..... Date .....

State of Idaho
County of Gooding } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 71 years of age, that I have known this person for 46 years, and that ..... (First name) ..... (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Hulda Arizona Justice. Signature

..... P. O. Address

Subscribed and sworn to before me this 14th day of January, 1942

(SEAL) N. E. Frazier Notary Public, residing at Hagerman Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 15 1942 by Maud F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 22 1942

APR 27 1951

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

329190

JAN 14 1942

1. PLACE OF BIRTH
County of Kootenai
City of Coeur D'Alene
No. Homestead, no street St. or number
(If born in hospital or institution give name.)

Registration District No. ..... State File No. .....
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD William Musgrove

3. Sex M | If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... | 6. Premature ..... Full term X | 7. Legitimate? Yes | 8. Date of birth June 5, 1896 (Month, Day, Year)

FATHER

9. Full name: George Musgrove
10. Residence (usual place of abode) (If non-resident, give place and State): Coeur D'Alene
11. Color or race: White | 12. Age at last birthday: 39 (years)
13. Birthplace (city or place) (State or Country): Taunton, Somersetshire, England

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Homesteader, previously in British Army
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.:
16. Date (month and year) last engaged in this work: ....., 19.....
17. Total time (years) spent in this work: 2 years, 5 months

MOTHER

18. Full maiden name: Suzanna Grist
19. Residence (usual place of abode) (If non-resident, give place and State): Coeur D'Alene
20. Color or race: White | 21. Age at last birthday: 39 (years)
22. Birthplace (city or place) (State or Country): Lincolnshire, England

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: Housewife
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.:
25. Date (month and year) last engaged in this work: ....., 19.....
26. Total time (years) spent in this work:

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Unknown

28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 3 (b) Born alive but now dead 1 (c) Stillborn none

29. If stillborn, period of gestation ..... months or weeks
30. Cause of Stillbirth ..... During labor ..... Before labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... at ..... m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) ....., M. D.
or ....., Midwife
Address .....

Give name added from a supplemental report .....
(Date of)
Registrar.

Filed JAN 14 1942, 193. Maud Field
Registrar.

PRINT PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

442-105-028-799

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Oregon
County of Multnomah } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Renwick W. McCammon being first duly sworn says that he is the First Cousin of William Musgrove
(Relationship of child)*

born June 5, 1896 at Coeur D'Alene, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that he desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said William Musgrove hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that A doctor whose name is unknown ~~M. D. was the Midwife~~ medical attendant at the birth of said William Musgrove and that the said medical attendant cannot be located and to the best of my knowledge and belief is deceased.
(Now deceased (or) cannot be located)

Name of Affiant Renwick W McCammon
P. O. Address 6119 N Concord Portland Ore

Subscribed and sworn to before me this 10th day of December, 1941

Graham Gillam
Notary Public.
Residing at Portland Oregon, ~~Idaho.~~

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

My Com Exp. 12/19/43

JAN 23 1942

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

AFFIDAVIT

(To accompany a certificate of an unregistered birth when such certificate is not executed by signature of attending physician or midwife.)

State of ..... } ss.
County of ..... }

..... being first duly sworn says that

..... is the ..... of .....
(Relationship of affiant)

born ..... (Date of birth) ..... Idaho;

whose certificate of birth is herein attached and that ..... desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further says that the facts contained in the certificate of birth are true and correct as stated therein, and that this birth has not been previously registered.

Affiant further states that ..... is the ..... and that ..... was the medical attendant at the birth of said .....

the said medical attendant was duly .....

Subscribed and sworn to before me this ..... day of ..... 19 .....

Notary Public

Residing at .....

381-112-006-312

329200

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

DEC 24 1941

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH**
   (a) County BINGHAM (b) City IDAHO FALLS
   (c) Street Address or R.F.D. No. GRANT
   (d) Name of Hospital or Maternity Home:
   NONE (MACMILLAN RANCH)
   (e) Mother's stay **BEFORE** delivery:
   In Hosp. or Mat. Home 0 days.
   IN **THIS** county 4 years month days

2. **USUAL RESIDENCE of MOTHER** (At time of this birth)
   (a) State IDAHO (b) County BINGHAM
   (c) City IDAHO FALLS
   (d) Street Address or R.F.D. No. GRANT, IDAHO
   (e) How long has **MOTHER** lived in Idaho? 4 yrs.
   (f) Mother's mailing address GRANT, IDAHO.

3. **RESIDENCE of FATHER** (city, state)

4. **FULL NAME OF CHILD** EZRA FRANK CHASE

5. Date of Birth (Month, day, year) FEB. 12, 1896.

6. Sex MALE.

7. Twin or Triplet No

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? YES.

FATHER OF CHILD

10. **FULL NAME** EZRA CHASE

11. Color or Race WHITE

12. Age at time of THIS birth 25 yrs.

13. Birthplace HARRISVILLE (City or town), UTAH. (State or foreign country)

14. Exact Occupation FARMER

15. Industry or Business

MOTHER OF CHILD CASTO

16. **FULL MAIDEN NAME** ROSA MAY CHASE.

17. Color or Race WHITE

18. Age at time of THIS birth 25 yrs.

19. Birthplace PANGUITCH (City or town), UTAH. (State or foreign country)

20. Exact Occupation HOUSE WIFE.

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum NONE

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 8 (c) Born alive and now dead 2 (d) Stillborn NONE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ (born alive, stillborn) at _____ M. on the date and at the place stated above, and that personal particulars were furnished by _____ (First name) (Last name), who is related to this child as _____ (Mother, etc.)

26. (a) DEC 24 1941 (Date received) (b) _____ (Registrar's signature)

27. Given name added on _____ by _____ (Registrar's signature)

25. Attendant's **OWN signature** _____ M.D. (D.O., Midwife, etc.)
and address _____ Date

State of California
County of Los Angeles } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, ROSA MAY CHASE, being first duly sworn, say that I am RELATED TO (Related to (or) acquainted with) EZRA FRANK CHASE (Name of person on certificate above) as MOTHER (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that MRS DABELLE (Name of attendant at birth), who attended said birth DECEASED (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Rosa May Chase Signature

1818 PARNELL AVE; WEST LOS ANGELES, CALIF. P. O. Address

Subscribed and sworn to before me on this 20th day of December, 1941

(SEAL) _____ Notary Public, residing at _____

My Commission Expires May 26, 1943.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 23 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

866 - 115 - D 29-133

329203

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

JAN 19 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Latah (b) City Moscow
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 6 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County LATAH
(c) City Moscow
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 6 yrs.

3. RESIDENCE OF FATHER (city, state) Moscow, Idaho

4. FULL NAME OF CHILD Charles Henry Hooper

5. Date of Birth of Child (Month, day, year) October 15, 1896

6. Sex MALE

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME William Phocion Hooper
11. Color or Race White
12. Age at time of THIS birth 33 yrs.
13. Birthplace Plattsburg (City or town) Missouri (State or foreign country)
14. Exact Occupation Merchant
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Daisy Frances Allphin
17. Color or Race White
18. Age at time of THIS birth 27 yrs.
19. Birthplace Shiloh (City or town) Illinois (State or foreign country)
20. Exact Occupation Home maker
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stilborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

State of Washington } ss.
County of Walla Walla }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 78 years of age, that I have known this person for 45 years, and that ..... (First name) (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

W. P. Hooper Sr
Signature
546 S. 2nd Walla Walla, Wash.
P. O. Address

Subscribed and sworn to before me this 16TH day of January, 1942

(SEAL)

Mary Fields
Notary Public, residing at Walla Walla

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 19 1942 by Carl F. Eldon, Registrar.

JAN 23 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DELAYED

318-11.00-252

329232

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

JAN 19 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Ada (b) City Boise
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 2 years months 10 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Boise
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 4 yrs.

3. RESIDENCE OF FATHER (city, state) BOISE, Idaho

4. FULL NAME OF CHILD James Franklin Lay

5. Date of Birth of Child (Month, day, year) March 17th 1896

6. Sex male **7.** Twin or Triplet **If so—born** 1st, 2nd, 3rd **8.** No. months of Pregnacy **9.** Legitimate?

FATHER OF CHILD

10. FULL NAME James Marion Lay
11. Color or Race White **12.** Age at time of THIS birth 33 yrs.
13. Birthplace Marshall (City or town) Arkansas (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Winnie Alice Kesner
17. Color or Race White **18.** Age at time of THIS birth 26 yrs.
19. Birthplace (City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

State of California } ss.
County of San Bernardino }

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 79 years of age, that I have known this person for since birth years, and that name of midwife unknown (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

James Marion Lay Signature
930 Acacia Street, San Bernardino Calif. P. O. Address

My Commission Expires February 4th, 1943

Subscribed and sworn to before me this 17th day of January, 19 42

(SEAL) Notary Public, residing at San Bernardino

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 19 1942 by Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 23 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

731-22-7-029-396

330450

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

JAN 2 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH**
(a) County Latah (b) City Tendrick
(c) Street Address or R.F.D. No. 2
(d) Name of Hospital or Maternity Home: own Home
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home ..... days. IN **THIS** county 13 years 1 month ..... days

2. **USUAL RESIDENCE of MOTHER** (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Tendrick
(d) Street Address or R.F.D. No. 2
(e) How long has **MOTHER** lived in Idaho? 13 yrs.
(f) Mother's mailing address Tendrick Ida.

3. **RESIDENCE of FATHER** (city, state) Tendrick Ida

4. **FULL NAME OF CHILD** Theresa Gladen (Theresa Gladen)

5. Date of Birth (Month, day year) August 27, 1896

6. Sex female

7. Twin or Triplet —

If so—born 1st, 2nd, 3rd —

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** John Gladen

11. Color or Race White

12. Age at time of THIS birth 53 yrs.

13. Birthplace Germany (City or town) (State or foreign country)

14. Exact Occupation farmer

15. Industry or Business same

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Emaline Crocker

17. Color or Race white

18. Age at time of THIS birth 44 yrs.

19. Birthplace Slippery Rock Penn (City or town) (State or foreign country)

20. Exact Occupation housework

21. Industry or Business same

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 10 (b) Born alive and now living 8 (c) Born alive and now dead 2 (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) JAN 2 1942 (Date received) (b) Fred Gladen (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of Idaho }
County of Latah } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Fred Gladen, being first duly sworn, say that I am related to (Related to (or) acquainted with) Theresa Gladen (Name of person on certificate above) as older brother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that anna McShaw (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Fred Gladen Signature

..... P. O. Address

Subscribed and sworn to before me on this 26 day of December 1941

(SEAL) E Crocker Notary Public, residing at Troy Ida

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 2 ? 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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515-201-030-815

330498

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

JAN 16 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Lemhi (b) City Salmon City
   (c) Street Address or R.F.D. No. General Delivery
   (d) Name of Hospital or Maternity Home: Residence "Home"
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county 5 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Lemhi
   (c) City Salmon City
   (d) Street Address or R.F.D. No. Gen. Del.
   (e) How long has **MOTHER** lived in Idaho? 5 yrs.

3. **RESIDENCE OF FATHER** (city, state) Salmon City, Idaho

4. **FULL NAME OF CHILD** Lila Clara Van Vleet

5. Date of Birth of Child (Month, day, year) October 1-1896

6. Sex female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9 mo.

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Charles Sumner Van Vleet
11. Color or Race White
12. Age at time of THIS birth 37 yrs.
13. Birthplace La Crosse (City or town) Wisconsin (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Minnie Celesta Haney
17. Color or Race White
18. Age at time of THIS birth 26 yrs.
19. Birthplace Morristown (City or town) Minnesota (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living Yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date (Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife ..... Address ..... Date .....

State of Oregon } ss.
County of Multnomah }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 71 years of age, that I have known this person for 70 years, and that Josephine (First name) Chaffins (Last name), who attended this birth now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Minnie Celesta Van Vleet Raffurs Signature
5414 S.E. Foster Road - Portland, Or. P. O. Address

Subscribed and sworn to before me this 14 day of January, 1942

(SEAL) E. M. Grames Notary Public, residing at Portland Oregon

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) My Commission Expires June 10 1945

Received for filing on JAN 16 1942 by ..... Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 27 1942

FEB 12 1974

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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418-206-006-259

330554

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

JAN 22 1942

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bingham (b) City Iona
(c) Street Address or R.F.D. No. General Delivery
(d) Name of Hospital or Maternity Home: At Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 11 years, months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bingham
(c) City Iona
(d) Street Address or R.F.D. No. General Delivery
(e) How long has **MOTHER** lived in Idaho? Almost yrs.

3. RESIDENCE OF FATHER (city, state) Iona, Idaho

4. FULL NAME OF CHILD Emma Sophia Dayton

5. Date of Birth of Child (Month, day, year) Nov. 6. 1896

6. Sex Female **7.** Twin or Triplet Single If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME Charles Hyrum Dayton

11. Color or Race White **12.** Age at time of THIS birth [redacted] yrs.

13. Birthplace Heber City Utah (City or town) (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business Farming

MOTHER OF CHILD

16. FULL MAIDEN NAME Sarah Ann Berry

17. Color or Race White **18.** Age at time of THIS birth 39 yrs.

19. Birthplace Cedar Fort, Utah (City or town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business House keeping

22. Name prophylactic used to prevent Ophthalmia Neonatorum Cargolic Acid

23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

State of Idaho, County of Bonneville } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 59 years of age, that I have known this person for 45 years, and that Mrs. (First name) Denning (Last name), who attended this birth is now deceased. (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Sarah Elizabeth Dayton Rounds Signature

Lewisville Idaho P. O. Address

Subscribed and sworn to before me this 14th day of January, 1942.

(SEAL) ..... Notary Public, residing at Idaho Falls Ida.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 22 1942 by Mary E Edson, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 27 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

6.13-117.028-695

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

JAN 27 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 330564
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Kootenia (b) City Athol
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 1 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Kootenia
(c) City Athol
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 1 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Glen Elmer Watkins

5. Date of Birth of Child (Month, day, year) April 17, 1896

6. Sex Male **7.** Twin or Triplet **If so—born** 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? Yes.

FATHER OF CHILD

10. FULL NAME Samuel Hyndrex Watkins
11. Color or Race White **12.** Age at time of THIS birth 46 yrs.
13. Birthplace Ypsilanti (City or town), Michigan (State or foreign country)
14. Exact Occupation Merchant
15. Industry or Business General Merchandise

MOTHER OF CHILD

16. FULL MAIDEN NAME Martha Ellen Freeman
17. Color or Race White **18.** Age at time of THIS birth 30 yrs.
19. Birthplace Northwood (City or town) New Hampshire (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business House Wife

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Montana } ss.
County of Missoula }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Brother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 48 years of age, that I have known this person for 45 years, and that Dr Frank (First name) Wenz (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mark O. Watkins Signature
149 Kensington, Missoula, Montana P. O. Address

Subscribed and sworn to before me this 15th day of January, 1942.

(SEAL) Ruby M. Brome Notary Public, residing at Missoula, Mont.
NOTARY PUBLIC
Residing at Missoula, Montana
My Commission Expires Dec. 31, 1944

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 27 1942 by [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 19 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

395-128-040-632

330601

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

JAN 16 1942

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. **PLACE OF BIRTH:**
(a) County Shoshone (b) City Wardner
(c) Street Address or R F D No.....
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home.....days.
In **THIS** county 1 years.....months.....days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Shoshone
(c) City Wardner
(d) Street Address or R.F.D. No. —
(e) How long has **MOTHER** lived in Idaho? 1 yrs.
(f) Mother's mailing address Wardner Idaho

3. **RESIDENCE OF FATHER** (city, state) Wardner Idaho

4. **FULL NAME OF CHILD** Harold Carl Lien

5. Date of Birth (Month, day, year) Feb. 28, 1896

6. Sex. Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Ole Lien
11. Color or Race White
12. Age at time of THIS birth 30 yrs.
13. Birthplace Trondheim (City or town) Norway (State or foreign country)
14. Exact Occupation Mining
15. Industry or Business Same

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Dorothea Caroline Olson
17. Color or Race White
18. Age at time of THIS birth 34 years
19. Birthplace Tromsoe (City or town) Norway (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1 (c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....(born alive, stillborn) at.....M. on the date and at the place stated above, and that personal particulars were furnished by.....(First name) (Last name), who is related to this child as.....(Mother, etc.)

26. (a) JAN 16 1942 (Date received) (b) Mary Edgar (Registrar's signature)

27. Given name added on.....by.....(Registrar's signature)

25. Attendant's **OWN signature**.....M.D. or.....(D.O., Midwife, etc.)
and address Date

State of.....
County of..... } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I.....(Related to (or) acquainted with), being first duly sworn, say that I am Related to Harold Carl Lien (Name of person on certificate above) as Half-Sister (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Matchette (Name of attendant at birth), who attended said birth cannot be located (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

x Mattie Lien Sievert Name

Hayden P. O. P. O. Address

Subscribed and sworn to before me on this 24th day of Oct 1940

(SEAL) Frank J. Smith Notary Public, residing at Hayden Mt.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 2 7 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

514-120-049-293

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

JAN 24 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 330638
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Custer (b) City Houston
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county // years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Custer
(c) City Houston
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 11 yrs.

3. RESIDENCE OF FATHER (city, state) Houston, Idaho

4. FULL NAME OF CHILD Milford Jasper Vaught

5. Date of Birth of Child (Month, day, year) Nov 20, 1896

6. Sex Male **7.** Twin or Triplet **If so—born** 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Madison Scott Vaught
11. Color or Race White **12.** Age at time of THIS birth 31 yrs.
13. Birthplace Somerset (City or town) Kentucky (State or foreign country)
14. Exact Occupation Rancher
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Matilda Rose Gill
17. Color or Race White **18.** Age at time of THIS birth 25 yrs.
19. Birthplace Ogden (City or town) Utah (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living Yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

State of ..... } ss.
County of ..... }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 76 years of age, that I have known this person for 45 years, and that Carolina Thompson (First name) (Last name) who attended this birth Deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I ~~desire~~ to have this birth recorded under Chapter 139, 1937 Session Laws.

M. S. Vaught Signature

P. O. Address

Subscribed and sworn to before me this 20 day of January, 1942

(SEAL) ..... Notary Public, residing at Malad, Idaho

My Commission Expires Aug. 1, 1945

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 24 1942 by ..... Registrar.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



249-178'006-753 330689 330689

United States JAN 30 1942 (Be sure the information is as of date of birth of THIS child) State File No.
Department of Commerce **CERTIFICATE OF BIRTH** Local Reg. No.
Bureau of the Census STATE OF IDAHO Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bingham (b) City
(c) Street Address or R.F.D. No. R.F.D
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bingham
(c) City
(d) Street Address or R.F.D. No. R.F.D.
(e) How long has **MOTHER** lived in Idaho? yrs.

3. RESIDENCE OF FATHER (city, state) Deceased

4. FULL NAME OF CHILD Byron L Smith

5. Date of Birth of Child (Month, day, year) NOV 24 1896

6. Sex Male 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnacy 9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Lot Smith
11. Color or Race White 12. Age at time of THIS birth yrs.
13. Birthplace (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Peters
17. Color or Race White 18. Age at time of THIS birth yrs.
19. Birthplace (City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 0 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho } ss.
County of Lemhi }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Cousin (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 35 years of age, that I have known this person for life years, and that May mother Jane Johnson (First name) (Last name) who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary Jane Johnson Signature
Twin Falls Idaho Address

Subscribed and sworn to before me this 28th day of January, 1942.
(SEAL) Ada Glover Notary Public, residing at Kampa, Idaho.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 30 1942 by , Registrar.

JAN 30 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

235-12-029-295

United States Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

JAN 17 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 330736
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH**
   (a) County Latah (b) City Genesee
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home ..... days. IN **THIS** county ..... years ..... month ..... days

2. **USUAL RESIDENCE of MOTHER** (At time of this birth)
   (a) State (b) County
   (c) City
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? ..... yrs.
   (f) Mother's mailing address

3. **RESIDENCE of FATHER** (city, state) ~~(1896)~~

4. **FULL NAME OF CHILD** William Edward Steltz

5. Date of Birth (Month, day, year) Oct 12th, 189(illegible)

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** George Steltz
11. Color or Race White
12. Age at time of THIS birth 34 yrs.
13. Birthplace Wausau, Wisconsin (City or town) (State or foreign country)
14. Exact Occupation
15. Industry or Business Funeral Director

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Emma Marie Bremer
17. Color or Race White
18. Age at time of THIS birth 27 yrs.
19. Birthplace Milwaukee, Wisconsin (City or town) (State or foreign country)
20. Exact Occupation Housewife, Mother
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 5 (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date (born alive, stillborn) and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as Mother (Mother, etc.)

26. (a) JAN 17 1942 (Date received) (b) Mary H Eldon (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of ..... } ss.
County of ..... }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Emma Marie Steltz, being first duly sworn, say that I am Mother (Related to (or) acquainted with) William Edward Steltz (Name of person on certificate above) as Son (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 138 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Doctor Deceased (Name of attendant at birth), who attended said birth (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

/s/ Emma Marie Steltz Signature

4350 8th N.E. P. O. Address

Subscribed and sworn to before me on this 15th day of January, 1942

(SEAL) ..... Notary Public, residing at Seattle

JAN 29 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

651-104-022-897

330907

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

JAN 22 1942 CERTIFICATE OF BIRTH STATE OF IDAHO

Fremont

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Fremont (b) City Ucon
(c) Street Address or R.F.D. No.....
(d) Name of Hospital or Maternity Home: None
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 2 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City Ucon
(d) Street Address or R.F.D. No.....
(e) How long has **MOTHER** lived in Idaho? 2 yrs.

3. RESIDENCE OF FATHER (city, state) same

4. FULL NAME OF CHILD Earsel Heaps

5. Date of Birth of Child (Month, day, year) Oct 4, 1896

6. Sex

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy

9. Legitimate?

FATHER OF CHILD

10. FULL NAME Thomas Levi Heaps

11. Color or Race White

12. Age at time of THIS birth 30 yrs.

13. Birthplace Tarkio (City or town) Utah (State or foreign country)

14. Exact Occupation Stock Raising

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Ivy Ann Higgins

17. Color or Race White

18. Age at time of THIS birth 28 yrs.

19. Birthplace Belmont (City or town) Nevada (State or foreign country)

20. Exact Occupation Wife and Mother

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None

23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....(Born alive, stillborn) at.....M. on the date and at the place stated above, and that personal particulars were furnished by.....(First name) (Last name), who is related to this child as.....(Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho } ss.
County of Fremont }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the brother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 55 years of age, that I have known this person for 45 years, and that Mrs. Ed Swan (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Thomas L Heaps Jr Signature

Stanleyton Idaho P. O. Address

Subscribed and sworn to before me this 16 day of January, 1942

(SEAL) O. Meserve, Probate Judge Notary Public, residing at.....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 22 1942 by..... Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 30 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

391-106-035-593

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

JAN 22 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 330921
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Nez Perce (b) City Genesee
(c) Street Address or R.F.D. No. on farm near Genesee
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Nez Perce
(c) City near Genesee
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Adam George Craig

5. Date of Birth of Child (Month, day, year) April 6, 1896

6. Sex Male **7.** Twin or Triplet **If so—born** 1st, 2nd, 3rd **8.** No. months of Pregnacy **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME William Alfred Craig
11. Color or Race White **12.** Age at time of THIS birth 35 yrs.
13. Birthplace Canada (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Mary Viles
17. Color or Race White **18.** Age at time of THIS birth 30 yrs.
19. Birthplace Idaho (City or town) (State or foreign country)
20. Exact Occupation Housework
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

State of Idaho, County of Nez Perce } ss.

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 81 years of age, that I have known this person for 46 years, and that Mrs. Lily Viles (First name) (Last name), who attended this birth now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

W. A. Craig * Signature
Genesee, Idaho P. O. Address

Subscribed and sworn to before me this 20 day of January, 1942.

(SEAL) Philip Weisgerber Notary Public, residing at Lewiston, Idaho.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-911, Idaho Code Annotated.)

CLERK OF THE DISTRICT COURT EX-OFFICIO AUDITOR AND RECORDER

Received for filing on JAN 22 1942 by Mark L. Hooper, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 30 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

619-11-044-434 331073

331073

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
FEB 2 1942
(a) County Washington (b) City Meadows
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Washington
(c) City Meadows
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? yrs.

3. RESIDENCE OF FATHER (city, state) Meadows

4. FULL NAME OF CHILD Edward William Warr

5. Date of Birth of Child (Month, day, year) Oct 11-1896

6. Sex male **7.** Twin or Triplet **If so—born** 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME William J Warr
11. Color or Race White **12.** Age at time of THIS birth 34 yrs.
13. Birthplace Buckingham (City or town) England (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Cora P McMahan
17. Color or Race White **18.** Age at time of THIS birth 19 yrs.
19. Birthplace Mo (City or town) (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child None (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho } ss.
County of Ada }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 65 years of age, that I have known this person for life years, and that Dr Sherwood (First name) (Last name), who attended this birth he deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

× Cora P Warr Signature
Sweet Idaho P. O. Address

Subscribed and sworn to before me this 2 day of Feb, 19 42
(SEAL) George G Thuener Notary Public, residing at Boise, Ida

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 2 1942 by , Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 2 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

753 2/2 029 465

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

JAN 23 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 331140
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Fatah Co. (b) City Andersen P.O.
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: at Home.
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county years 1 months 6. days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Fatah Co.
   (c) City Andersen P.O.
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 47 yrs.

3. **RESIDENCE OF FATHER** (city, state) Same.

4. **FULL NAME OF CHILD** Judith Alfreda Peterson

5. Date of Birth of Child (Month, day, year) March 12 1896

6. Sex Female.

7. Twin or Triplet

If so—born 1st, 2nd, 3rd 1st.

8. No. months of Pregnacy

9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** Swan Peterson.
11. Color or Race White.
12. Age at time of THIS birth 33 yrs.
13. Birthplace Malmo (City or town) Sweden (State or foreign country)
14. Exact Occupation Farming.
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Bengta monsen.
17. Color or Race White
18. Age at time of THIS birth 34 yrs.
19. Birthplace Ursslunda (City or town) Sweden (State or foreign country)
20. Exact Occupation Housewife.
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4. (b) Born alive and now living 9.

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife ..... Address ..... Date .....

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

State of Oregon
County of Multnomah } ss.

I, the undersigned, being first duly sworn, say that I am the mother. (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 77 years of age, that I have known this person for 44 years, and that Mrs Swan Swenson (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Bengta Peterson Signature
Portland Oregon P. O. Address

Subscribed and sworn to before me this 17 day of Jan, 19 42.

(SEAL) G. H. Wagner Notary Public, residing at Portland Ore.

My commission expires Sept. 18, 1942.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 23 1942 by Mabel Heller, Registrar.

FEB 3 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



369/124-036-318

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

FEB 2 1942 CERTIFICATE OF BIRTH STATE OF IDAHO

State File No. 331318
Local Reg. No.
Reg. Dist. No.

Oneida

1. PLACE OF BIRTH (All items at time of this birth)
(a) County ~~Fremont~~ (b) City Winder
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 25 years 3 months 4 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County ~~Fremont~~
(c) City Winder Oneida
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 50 yrs.

3. RESIDENCE OF FATHER (city, state) Idaho

4. FULL NAME OF CHILD John Caldwell Corbridge

5. Date of Birth of Child (Month, day, year) Aug. 24, 1896

6. Sex Male **7.** Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME John William Corbridge
11. Color or Race White American **12.** Age at time of THIS birth 28 yrs.
13. Birthplace Franklin (City or town) Idaho (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. FULL MAIDEN NAME Sarah L. Taylor
17. Color or Race White American **18.** Age at time of THIS birth 23 yrs.
19. Birthplace Rayoville Utah (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business " "

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child two (b) Born alive and now living Yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife ..... Address ..... Date .....

State of Idaho } ss.
County of Franklin }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 73 years of age, that I have known this person for 73 years, and that Fanny Lewis (First name) (Last name) who attended this birth was deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

John William Corbridge Signature
Preston Idaho P. O. Address

Subscribed and sworn to before me this 30 day of January, 1942

(SEAL) Notary Public, residing at Preston

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 2 1942 by Mabel H Keeler, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 31 1960

FEB 27 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

547-112 006 791

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

FEB 3 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 331341
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bingham (b) City Blackfoot
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 5 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bingham
(c) City Blackfoot
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 10 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Charles Howard Nugent

5. Date of Birth of Child (Month, day, year) June 12, 1896

6. Sex male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Herbert Nugent
11. Color or Race white
12. Age at time of THIS birth 25 yrs.
13. Birthplace Heber (City or town) Utah (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Delila Graham
17. Color or Race white
18. Age at time of THIS birth 24 yrs.
19. Birthplace Arendale (City or town) Missouri (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. / Midwife — Address — Date

State of Idaho } ss.
County of Bingham }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the close acquaintance (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 70 years of age, that I have known this person for 38 years, and that Mrs W.A. Crawford (First name), midwife (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

F. M. Nugent Signature

Blackfoot, Idaho P. O. Address

Subscribed and sworn to before me this 2nd day of February, 1942.

(SEAL) Notary Public, residing at Blackfoot, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 3 1942 by Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 5 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

93-28029-49

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

JAN 24 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 331351
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Latah (b) City Hendrick
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Kendrick
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho 47 yrs.

3. RESIDENCE OF FATHER (city, state) Hendrick, Ida

4. FULL NAME OF CHILD Mary Jane Riley

5. Date of Birth of Child (Month, day, year) March 18, 1896

6. Sex Female **7.** Twin or Triplet If so—born 1st, 2nd, 3rd 1st **8.** No. months of Pregnacy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Barney Riley
11. Color or Race White **12.** Age at time of THIS birth 31 yrs.
13. Birthplace Cincinnati (City or town) Ohio (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Amelia Theresa Barr
17. Color or Race White **18.** Age at time of THIS birth 30 yrs.
19. Birthplace Germany (City or town) (State or foreign country)
20. Exact Occupation Mother, Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of IDAHO
County of LATAH } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the MOTHER (Mother, etc.) of the person whose name appears in Item 4 above, that I am now 64 years of age, that I have known this person for 46 years, and that DR. STONEBURNER (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Amelia Riley Signature
KENDRICK, IDAHO P. O. Address

Subscribed and sworn to before me this 22nd day of Jan., 1942

(SEAL) Notary Public, residing at KENDRICK

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 24 1942 by Mabel H Keefer, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 5 1942

FEB 2 1966

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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331387

United States Department of Commerce Bureau of the Census

FEB 5 1942 (Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 331387
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Ada (b) City Boise
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 9 years 7 months ? days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Boise
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 9 yrs.

3. RESIDENCE OF FATHER (city, state) Boise, Idaho.

4. FULL NAME OF CHILD Jess Jensen

5. Date of Birth of Child (Month, day, year) Dec. 7, 1896.

6. Sex Male

7. Twin or Triplet No If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Jacob Jensen
11. Color or Race White
12. Age at time of THIS birth 26 yrs.
13. Birthplace Boise, Idaho (City or town) (State or foreign country)
14. Exact Occupation Stock Man
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Alma Margaret Saxton.
17. Color or Race White
18. Age at time of THIS birth 23 yrs.
19. Birthplace Paw Paw, Michigan (City or town) (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ at ____ M. on the date (Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

State of Idaho } ss.
County of Ada }

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 68 years of age, that I have known this person for 46 years, and that Deanetha Dayton (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Alma Jensen Signature

P. O. Address

Subscribed and sworn to before me this 24 day of January, 19 42

(SEAL) M. E. Eady Notary Public residing at Boise, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 5 1942 by ____, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEL 5 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

862 118 035-213

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

JAN 26 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 331532
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Lewis (b) City Forest
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: at Home
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county years 4 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County ~~Lewis~~ Nezperce
   (c) City Forest
   (d) Street Address or R.F.D. No. 4
   (e) How long has **MOTHER** lived in Idaho? 4 months yrs.

3. **RESIDENCE OF FATHER** (city, state) Forest Idaho

4. **FULL NAME OF CHILD** Burr Hosley

5. Date of Birth of Child (Month, day, year) Oct. 18 1896

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Herbert Thomas Hosley
11. Color or Race White
12. Age at time of THIS birth 27 yrs.
13. Birthplace Mendota (City or town) Illinois (State or foreign country)
14. Exact Occupation Mill Wright
15. Industry or Business Sawmill

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Elsie Elizabeth Ball
17. Color or Race white
18. Age at time of THIS birth 19 yrs.
19. Birthplace Concordia (City or town) Kansas (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of California } ss.
County of Los Angeles }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 64 years of age, that I have known this person for 45 years, and that Mrs Chris Jacobson (First name) (Last name), who attended this birth Cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Elsie Elizabeth Hosley Signature

1114 Grand View Los Angeles Co. Cal. P. O. Address

Subscribed and sworn to before me this 24th day of January, 19 42

(SEAL) Notary Public, residing at Los Angeles, Cal.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 26 1942 by [illegible], Registrar.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

FEB 4 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 331536
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Ada (b) City Boise
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County
(c) City Boise
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Nettie Elaine Roberts

5. Date of Birth of Child (Month, day, year) Feb. 19. 1896

6. Sex female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Ira Preston Roberts
11. Color or Race White
12. Age at time of THIS birth 42 yrs.
13. Birthplace Greenfield (City or town) Indiana (State or foreign country)
14. Exact Occupation
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Minnie Elaine Sterling
17. Color or Race white
18. Age at time of THIS birth 31 yrs.
19. Birthplace Marysville (City or town) Ohio (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of California } ss.
County of Riverside }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Brother Ira F. Roberts (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 48 years of age, that I have known this person for 45 years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ira F. Roberts Signature
Corona Calif. P. O. Address

Subscribed and sworn to before me this 26 day of January, 1942

(SEAL) Helen May Nelson Notary Public, residing at 734 Graham L.A.

(Note: Perjury is punishable as a felony in Idaho, see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 4 1942 by Mabel Keefer, Registrar.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 331558

Local Reg. No.

Reg. Dist. No.

JAN 28 1942

1. **PLACE OF BIRTH:**
(a) County Kootenai (b) City Harrison
(c) Street Address or R.F.D. No. at home
(d) Name of Hospital or Maternity Home: at my mother's home
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home -- days.
In **THIS** county 2 years 4 month --- days.

2. **USUAL RESIDENCE of MOTHER:** (At time of this birth)
(a) State Idaho (b) County Kootenai
(c) City Harrison
(d) Street Address or R.F.D. No. at my mother's home
(e) How long has **MOTHER** lived in Idaho? 2 yrs.
(f) Mother's mailing address Harrison, Idaho

3. **RESIDENCE of FATHER** (city, state) Harrison, Ida.

4. **FULL NAME OF CHILD** George Elias Copsey

5. Date of Birth (Month, day, year) March 24, 1896

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Henry Harrison Copsey
11. Color or Race White
12. Age at time of THIS birth 37 yrs.
13. Birthplace ----- (City or town) Wisconsin (State or foreign country)
14. Exact Occupation Logger
15. Industry or Business Lumbering

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Ann Elizabeth Day
17. Color or Race White
18. Age at time of THIS birth 32 yrs.
19. Birthplace Topeka, Kansas (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business ----

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 6
(c) Born alive and now dead none (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 11:00A. M. on the date and at the place stated above, and that personal particulars were furnished by Henry Harrison Copsey (First name) (Last name), who is related to this child as father (Mother, etc.)

26. (a) JAN 28 1942 (Date received) (b) Mary Ann Elizabeth Day (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of Idaho
County of Kootenai } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Mary Ann Elizabeth Copsey-Turner, being first duly sworn, say that I am Related to (Related to (or) acquainted with) George Elias Copsey (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Amy Day (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Mary Ann Elizabeth Day Copsey-Turner Signature

% Amy Browning, Coeur d'Alene, Idaho, Route #1 P.O. Address

Subscribed and sworn to before me on this 2nd day of June, 19 41

(SEAL) Hubert W Bostow Notary Public, residing at Coeur d'Alene, Idaho

My commission expires June 2, 1945.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 8 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

515 720 004 819

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

JAN 27 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 331569
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bear Lake (b) City Liberty
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bear Lake
   (c) City
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 12 yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** George Amos Van Vleck

5. Date of Birth of Child (Month, day, year) April 20, 1896

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy

9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** Thomas Henry Van Vleck
11. Color or Race White
12. Age at time of THIS birth 35 yrs.
13. Birthplace (City or town) England (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Frances Agnes Hards
17. Color or Race White
18. Age at time of THIS birth 23 yrs.
19. Birthplace London (City or town) England (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child two. (b) Born alive and now living two.

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of } ss.
County of }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 68 years of age, that I have known this person for 45 years, and that Mary (First name) Hymas (Last name), who attended this birth Is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Frances Agnes Van Vleck Signature
1019 No. 7th. St. Yakima, Washington P. O. Address

Subscribed and sworn to before me this 23rd. day of January, 19 42.

(SEAL) Kathryn Jacobsen Notary Public, residing at Yakima, Wash.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 27 1942 by Mabel H. Eaton, Registrar.

FEB 6 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

168-105 044 863

United States Department of Commerce Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

JAN 28 1942 STATE OF IDAHO

State File No. 331606
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County WASHINGTON (b) City WEISER
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county ..... years ..... month ..... days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State IDAHO (b) County WASHINGTON
(c) City WEISER
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? ..... yrs.
(f) Mother's mailing address WEISER IDAHO

3. RESIDENCE of FATHER (city, state) WEISER IDAHO

4. FULL NAME OF CHILD ROBERT HENRY JOHNSON

5. Date of Birth (Month, day year) Feb 5th 1907

6. Sex MALE **7.** Twin or Triplet **If so—born** 1st, 2nd, 3rd **8.** No. months of Pregnancy 9 **9.** Legitimate? YES

FATHER OF CHILD

10. FULL NAME SCOTT WINFIELD JOHNSON
11. Color or Race WHITE **12.** Age at time of THIS birth 30 yrs.
13. Birthplace WEISER (City or town) IDAHO (State or foreign country)
14. Exact Occupation FARMER
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME IDA BELL HOLDRIDER
17. Color or Race WHITE **18.** Age at time of THIS birth 22 yrs.
19. Birthplace WEISER (City or town) IDAHO (State or foreign country)
20. Exact Occupation HOUSEWIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2 (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as .....

26. (a) JAN 28 1942 (Date received) (b) [signature] (Mother etc.) (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

27. Given name added on ..... by ..... (Registrar's signature)

State of WASH. } ss.
County of YAKIMA }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Ida Bell Johnson, being first duly sworn, say that I am related (Related to (or) acquainted with) Robert Henry Johnson (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ..... (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Ida Bell Johnson Signature

..... P. O. Address

Subscribed and sworn to before me on this 24 day of Jan, 1942

(SEAL) [signature] Notary Public, residing at Wapato

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 6 1942

JUL 9 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

556 205029 225

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

JAN 29 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 331628
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Latah (b) City Troy
(c) Street Address or R.F.D. No. R.F.D. # 2
(d) Name of Hospital or Maternity Home: AT HOME
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 5 years 3 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Troy
(d) Street Address or R.F.D. No. R.F.D. # 2
(e) How long has **MOTHER** lived in Idaho? 5 yrs.

3. RESIDENCE OF FATHER (city, state) 5 yrs

4. FULL NAME OF CHILD Edith Virginia Newman

5. Date of Birth of Child (Month, day, year) Aug. 5, 1910

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? YES

FATHER OF CHILD

10. FULL NAME Henry William Newman
11. Color or Race White
12. Age at time of THIS birth 38 yrs.
13. Birthplace near Loudon, Kentucky (City or town) (State or foreign country)
14. Exact Occupation Lumberman - Jobber
15. Industry or Business in Lumber Camp

MOTHER OF CHILD

16. FULL MAIDEN NAME Nellie Belle Skeen
17. Color or Race White
18. Age at time of THIS birth 35 yrs.
19. Birthplace Ashlandstown, W. Va. (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living YES

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

State of California
County of Los Angeles } ss.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 65 years of age, that I have known this person for 65 years, and that Dr. (First name) Britman (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Nellie Newman Anderson Signature
474 E. Orange Grove Ave. Pasadena Calif. P. O. Address

Subscribed and sworn to before me this 24 day of Jan., 1942

(SEAL) Lawrence E. Lee NOTARY PUBLIC IN AND FOR THE COUNTY OF LOS ANGELES, STATE OF CALIFORNIA Notary Public, residing at Pasadena Calif.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 29 1942 by Mabel Kelly, Registrar.

FEB 6 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

381 117 006-243

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

JAN 29 1942

State File No. 331634
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Bingham (b) City Camas
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 5 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Bingham
(c) City Camas
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 5 yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Milton Idaho Chapin

5. Date of Birth of Child (Month, day, year) 11/17/1902

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Charles Wesley Chapin
11. Color or Race White
12. Age at time of THIS birth 36 yrs.
13. Birthplace Illinois (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Emma Sutherland
17. Color or Race White
18. Age at time of THIS birth 34 yrs.
19. Birthplace Colorado (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Oregon
County of } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the the oldest brother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 50 years of age, that I have known this person for 39 years, and that the midwife (name unknown) (First name) (Last name), who attended this birth is now deceased — (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Everett Chapin Signature

Springfield, Oregon P. O. Address

Subscribed and sworn to before me this 23 day of January, 1942.

(SEAL) F. B. Hanlon Notary Public, residing at Springfield Ore.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 29 1942 by Mabel H. Culp, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 6 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

285-231-029-819

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

JAN 30 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 331651
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH:**
(a) County Latah (b) City Kendrick
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
In **THIS** county years 6 month days.

2. **USUAL RESIDENCE of MOTHER:** (At time of this birth)
(a) State Idaho, (b) County Latah
(c) City Kendrick
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 6 mo. ~~yrs.~~
(f) Mother's mailing address Kendrick

3. **RESIDENCE of FATHER** (city, state) Kendrick, Idaho

4. **FULL NAME OF CHILD** Merriam Dorcas Bye

5. Date of Birth (Month, day, year) Oct. 31. 1896

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 months Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Charles Bye
11. Color or Race White
12. Age at time of THIS birth 38 yrs.
13. Birthplace London (City or town) England (State or foreign country)
14. Exact Occupation Railroad Conductor
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Harriett Lucetta Harris
17. Color or Race White
18. Age at time of THIS birth 25 yrs.
19. Birthplace Ottawa (City or town) Canada (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None
23. Number of children of this mother: (a) At time of birth and including this child three (b) Born alive and now living 3
(c) Born alive and now dead none (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above and that personal particulars were furnished by Florence Sutherland (First name) (Last name) who is related to this child as Sister (Mother, etc.)

26. (a) JAN 30 1942 (Date received) Mabel Wollenberger (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

PROVINCE
State of MANITOBA }
County of SELKIRK } ss.

I, FLORENCE SUTHERLAND, being first duly sworn, say that I am A SISTER (Related to (or) acquainted with) MERRIAM, DORCAS, BYE (Name of person on certificate above) as SISTER (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Wollenberger (Name of attendant at birth), who attended said birth now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Florence Sutherland (Signature)
883 WINNIPEG AVE. WINNIPEG. MAN. CANADA P. O. Address

Subscribed and sworn to before me on this 15th day of JANUARY, 1942

(SEAL)

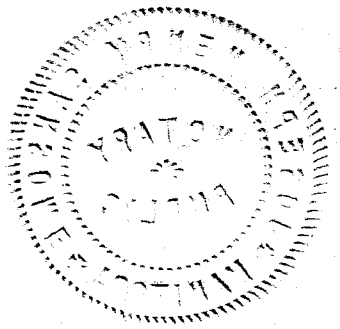
J. H. Newsome Notary Public, residing at WINNIPEG. MANITOBA CANADA

FEB 7 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



869-121-239-249

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

FEB 2 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 331758
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Latah (b) City Moscow
(c) Street Address or R.F.D. No. University Hill
(d) Name of Hospital or Maternity Home: Birth at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 8 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Moscow
(d) Street Address or R.F.D. No. University Hill
(e) How long has **MOTHER** lived in Idaho? 8 yrs.

3. RESIDENCE OF FATHER (city, state) Moscow, Ida.

4. FULL NAME OF CHILD Pearl Horn

5. Date of Birth of Child (Month, day, year) Mar. 21, 1896

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Alvin Gardner Horn
11. Color or Race White
12. Age at time of THIS birth 38 yrs.
13. Birthplace Rochester (City or town) New Hampshire (State or foreign country)
14. Exact Occupation Stationary Engineer
15. Industry or Business Milling

MOTHER OF CHILD

16. FULL MAIDEN NAME Nancy Alice Smith
17. Color or Race White
18. Age at time of THIS birth 29 yrs.
19. Birthplace Marion Co. (City or town) Kentucky (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business None

22. Name prophylactic used to prevent Ophthalmia Neonatorum Do not know

23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date ____ and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

State of California } ss.
County of Los Angeles }

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 75 years of age, that I have known this person for 45 years, and that Dr. Carruthers (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Nancy Alice Horn James Signature
4945 Lynn St., Los Angeles, Calif. Address

My Commission Expires April 26, 1944

Subscribed and sworn to before me this 21st day of January, 1942.

(SEAL) Mabel M. Phelps Notary Public, residing at 6142 Tipton Way

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 2 1942 by ____, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 9 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

469130001-771 331814

FEB 11 1942

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 331814
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Ada (b) City Boise
   (c) Street Address or R.F.D. No. 5th Alturas
   (d) Name of Hospital or Maternity Home: Home
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county 6 years months 11 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County ada
   (c) City Boise
   (d) Street Address or R.F.D. No. 5th Alturis
   (e) How long has **MOTHER** lived in Idaho? Six yrs.

3. **RESIDENCE OF FATHER** (city, state) Boise Idaho

4. **FULL NAME OF CHILD** Ernest Warren Morrison

5. Date of Birth of Child (Month, day, year) Nov 30 1896

6. Sex Boy.

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy

9. Legitimate? yes.

FATHER OF CHILD

10. **FULL NAME** Darwin Bugs Morrison
11. Color or Race white
12. Age at time of THIS birth yrs.
13. Birthplace Grand Ferret Canada (City or town) (State or foreign country)
14. Exact Occupation Contractor Cement,
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mamie Francis Granger
17. Color or Race white
18. Age at time of THIS birth 22 yrs.
19. Birthplace Alturas Co. (City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ at ____ M. on the date (Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife Address ____ Date ____

State of Idaho } ss.
County of Canyon }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 67 years of age, that I have known this person for 46 years, and that ____ (First name) ____ (Last name), who attended this birth Dr Haley deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Mamie F Morrison Signature
Box 14 Middleton Idaho P. O. Address

Subscribed and sworn to before me this 10 day of Feb., 19 42.
(SEAL) Norman Locke Notary Public, residing at Boise Ida.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 11 1942 by ____, Registrar.

FEB 11 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

295-127-014-693

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

FEB 2 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 331868
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Canyon (b) City Caldwell
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county 2 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Canyon
   (c) City Caldwell
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? five yrs.

3. **RESIDENCE OF FATHER** (city, state) Caldwell, Ida

4. **FULL NAME OF CHILD** LESLIE CULLAM BIVINS

5. Date of Birth of Child (Month, day, year) Aug. 27 1896

6. Sex male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** William Walter Bivins
11. Color or Race white
12. Age at time of THIS birth 26 yrs.
13. Birthplace Gatesville (City or town) Texas (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Hassa Zoe Wilson
17. Color or Race white
18. Age at time of THIS birth 23 yrs.
19. Birthplace Sherman (City or town) Texas (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife ..... Address ..... Date .....

State of New Mexico
County of Union } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 68 years of age, that I have known this person for 46 years, and that ..... (First name) ..... (Last name), who attended this birth is deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Hassa Zoe Bivins Signature

Littlefield, Texas P. O. Address

Subscribed and sworn to before me this 29th day of January, 1942.

(SEAL) Sylvia Steele Notary Public, residing at Grenville, N.M.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 2 1942 by Maud Heller, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 10 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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318-227014-235

United States Department of Commerce Bureau of Census

(Be sure the information is as of date of birth of THIS child)

FEB 2 1942

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 331871
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Canyon (b) City Nampa
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery: In Hosp. or Mat. Home ____ days. IN THIS county ____ years ____ month ____ days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Canyon
(c) City Nampa
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 4 yrs.
(f) Mother's mailing address

3. RESIDENCE of FATHER (city, state) same

4. FULL NAME OF CHILD Ruby Linton Taylor

5. Date of Birth (Month, day, year) Feb. 27, 1896

6. Sex female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy full

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Sylvester Slade Taylor
11. Color or Race White
12. Age at time of THIS birth 29 yrs.
13. Birthplace Palo Pinto (City or town) Texas (State or foreign country)
14. Exact Occupation Peace Officer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Maude Ellen Stewart
17. Color or Race White
18. Age at time of THIS birth 24 yrs.
19. Birthplace Provo (City or town) Utah (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

26. (a) FEB 2 1942 (Date received) (b) [signature] (Registrar's signature)

27. Given name added on ____ by ____ (Registrar's signature)

25. Attendant's OWN signature ____ M.D. (D.O., Midwife, etc.)
and address ____ Date ____

State of Oregon
County of Multnomah } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Sylvester Slade Taylor, being first duly sworn, say that I am related to Ruby Linton Taylor (Related to (or) acquainted with) (Name of person on certificate above) as father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Fredrick Kohler, M.D. who attended said birth is now dead (Name of attendant at birth) (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Sylvester Slade Taylor Signature

1210-S.W. PARK; PORTLAND, OREGON P. O. Address

Subscribed and sworn to before me on this 29th day of January, 1942

(SEAL) David N. Fenton Notary Public, residing at Portland, Orego

My commission expires 3/2/43

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 10 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

FEB 2 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 331887
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County LATAH (b) City KENDRICK
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: at home
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county 10 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State IDAHO (b) County LATAH
   (c) City KENDRICK
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 55 yrs.

3. **RESIDENCE OF FATHER** (city, state) IDAHO

4. **FULL NAME OF CHILD** JOSEPHINE ELIZABETH ROBERTS

5. Date of Birth of Child (Month, day, year) MAY 29-1896

6. Sex female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** FRANK W. ROBERTS
11. Color or Race White
12. Age at time of THIS birth 31 yrs.
13. Birthplace HARRISBERG, (City or town) PENN. (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** OLIVE E. CALLISON
17. Color or Race White
18. Age at time of THIS birth 22 yrs.
19. Birthplace LASENE (City or town) KANSAS (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of IDAHO
County of LATAH } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 77 years of age, that I have known this person for 45 years, and that unknown (First name) (Last name), who attended this birth, cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Frank W. Roberts Signature
KENDRICK, IDAHO P. O. Address

Subscribed and sworn to before me this 31 day of Jan., 1942

(SEAL)

Notary Public, residing at Kendrick

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 2 1942 by Mabel H. Nelson, Registrar.

FEB 10 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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437 109 007 249 331959

331959

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

FEB 13 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 331959
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Blaine (b) City Picabo
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: At home of parents
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county 28 years 10 months 28 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Blaine
   (c) City Picabo
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 3 yrs.

3. **RESIDENCE OF FATHER** (city, state) Picabo, Idaho

4. **FULL NAME OF CHILD** Wren B. McGlochlin

5. Date of Birth of Child (Month, day, year) May 9, 1896

6. Sex male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Walter B. McGlochlin
11. Color or Race white
12. Age at time of THIS birth 28 yrs.
13. Birthplace Springfield (City or town) Illinois (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Minnie May Smith
17. Color or Race white
18. Age at time of THIS birth 28 yrs.
19. Birthplace Waynesville (City or town) Illinois (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

State of Boise } ss.
County of Ada }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 73 years of age, that I have known this person for 45 years, and that Midwife (First name) (Last name), who attended this birth Cannot be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

A B McGlochlin Signature

R-1 Boise Ada P. O. Address

Subscribed and sworn to before me this 11 day of Feb., 1942

(SEAL) W. A. Stevens Notary Public, residing at Boise Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on ____ by Mary E. Todd, Registrar.

FEB 13 1942

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 13 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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332007

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

FEB 3 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Dannock (b) City Pocatello
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Home residence
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 6 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Dannock
(c) City Pocatello
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 6 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD CHARLES MILFORD HARDING

5. Date of Birth of Child (Month, day, year) July 7, 1896

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME David Winslow Harding
11. Color or Race White
12. Age at time of THIS birth 30 yrs.
13. Birthplace Valpraiso (City or town), Indiana (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Frances Ruth Brauhard
17. Color or Race White
18. Age at time of THIS birth 24 yrs.
19. Birthplace Beaver City (City or town), Nebraska (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by David W. Harding (First name) (Last name), who is related to this child as Father (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of California } ss.
County of Orange }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Brother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 53 years of age, that I have known this person for 45 years, and that Unknown (First name) Midwife (Last name), who attended this birth, is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

John Ivan Harding (Signature)
509—10th St., Huntington Beach, Calif. (P. O. Address)

Subscribed and sworn to before me this 30th day of January, 1942.

(SEAL) Zula V. Creamer Notary Public, residing at Huntington Beach, California.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 3 1942 by Mark H. Nelson, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 11 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

FEB 3 1942

State File No. 332008
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bear Lake (b) City Ovid
(c) Street Address or R.F.D. No. at home
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bear Lake
(c) City Ovid
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? all life yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Lyman Lindsay

5. Date of Birth of Child (Month, day, year) 12/11/1896

6. Sex m

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Philemon Lindsay
11. Color or Race W
12. Age at time of THIS birth 39 yrs.
13. Birthplace Kaysville, Utah (City or town) (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Marintha Athay
17. Color or Race W
18. Age at time of THIS birth 35 yrs.
19. Birthplace London, England (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho } ss.
County of Bear Lake }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 53 years of age, that I have known this person for ## 45 years, and that Wilhemina Gray Price (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Hazel L. Peterson Signature
Ovid, Idaho P. O. Address

Subscribed and sworn to before me this 26 day of January, 1942

(SEAL) Sam C. Bunnell Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 3 1942 by Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 11 194

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

396·225 040 247

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce Bureau of Census

(Be sure the information is as of date of birth of THIS child)

FEB 3 1942

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 332011
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Shoshone (b) City Burke
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county ..... years ..... month ..... days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Shoshone
(c) City Burke
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 9 yrs.
(f) Mother's mailing address Burke

3. RESIDENCE of FATHER (city, state) Same

4. FULL NAME OF CHILD NONA LAURETTA CRONIN

5. Date of Birth (Month, day year) Aug. 25-1896

6. Sex Female

7. Twin or Triplet ..... If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Jeremiah Dennis Cronin

11. Color or Race White

12. Age at time of THIS birth 36 yrs.

13. Birthplace Kerry (City or town) Ireland (State or foreign country)

14. Exact Occupation Miner

15. Industry or Business Tiger Mining Company

MOTHER OF CHILD

16. FULL MAIDEN NAME Julia Agnes Buckley

17. Color or Race White

18. Age at time of THIS birth 31 yrs.

19. Birthplace Grassvalley (City or town) California (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4 (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date (born alive, stillborn) and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.).

26. (a) FEB 3 1942 (Date received) (b) ..... (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of Montana } ss.
County of Silver Bow }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Julia Cronin, being first duly sworn, say that I am related to (Related to (or) acquainted with) Nona L. Cronin (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 189, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Stone (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Julia Cronin Signature
436 E. Main St. Butte P.O. Address

Subscribed and sworn to before me on this 27 day of January, 1942

(SEAL) NOTARY PUBLIC for the State of Montana
Residing at Butte, Montana
My commission expires July 12, 1942

Notary Public, residing at .....

FEB 11 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

815-104 003-595

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
FEB 3 1942 STATE OF IDAHO

State File No. 332059
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bannock (b) City Marsh Creek
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Child was born at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 4 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City Marsh Creek
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Edgar N Hansen

5. Date of Birth of Child (Month, day, year) Jan 4 1896

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Niels Christian Hansen

11. Color or Race white

12. Age at time of THIS birth 44 yrs.

13. Birthplace Nygrup (City or town) Denmark (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Emma Margret Nielsen

17. Color or Race white

18. Age at time of THIS birth 36 yrs.

19. Birthplace Nygrup (City or town) Denmark (State or foreign country)

20. Exact Occupation Home wife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 10 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Utah }
County of Box Elder } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the brother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 55 years of age, that I have known this person for 46 years, and that Martha A Esbeck (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Alfred N Hansen Signature

Corinne P. O. Address

Subscribed and sworn to before me this 3 day of Jan. 19 42

(SEAL) L M Christensen Notary Public, residing at Brigham

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 3 1942 by Mabel E Rogers, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 13 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

814-121-01X-253

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO FEB 11 1942

State File No. 332169
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Canyon (b) City Nampa
   (c) Street Address or R.F.D. No. 4th and 10th Ave
   (d) Name of Hospital or Maternity Home: home of parents
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county 5 years 6 months — days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Canyon
   (c) City Nampa
   (d) Street Address or R.F.D. No. 4th St and 10th Ave
   (e) How long has **MOTHER** lived in Idaho? 7 yrs.

3. **RESIDENCE OF FATHER** (city, state) Nampa, Idaho

4. **FULL NAME OF CHILD** James Bryan Hamilton

5. Date of Birth of Child (Month, day, year) 10/21/96

6. Sex Male

7. Twin or Triplet No — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Ira Hamilton
11. Color or Race White
12. Age at time of THIS birth 41 yrs.
13. Birthplace Kentucky (City or town) (State or foreign country)
14. Exact Occupation Laborer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Martha Jane Belcher
17. Color or Race White
18. Age at time of THIS birth 28 yrs.
19. Birthplace Fort Dodge, Iowa (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum unknown

23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife ..... Address ..... Date .....

State of Idaho
County of Canyon } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 73 years of age, that I have known this person for 45 years, and that Mrs Emma Gould (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Martha Jane Hamilton ..... Signature

Route #2 Caldwell, Idaho ..... P. O. Address

Subscribed and sworn to before me this 12 day of January 1942

(SEAL) C. E. Thompson ..... Notary Public, residing at Nampa, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 11 1942 by ..... Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

85-29 014133

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

FEB 14 1942

State File No. 332540
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Canyon (b) City Emmett
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: no
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 25 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Canyon
(c) City Emmett
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 30 yrs.

3. RESIDENCE OF FATHER (city, state) Emmett, Idaho

4. FULL NAME OF CHILD Zola Beatrice Hansen

5. Date of Birth of Child (Month, day, year) Aug. 9, 1896

6. Sex Female

7. Twin or Triplet no If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Antone Marcus Hansen
11. Color or Race white
12. Age at time of THIS birth 24 yrs.
13. Birthplace Denmark (City or town) (State or foreign country)
14. Exact Occupation Brick mason
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Olive Lavinia Allison
17. Color or Race white
18. Age at time of THIS birth 20 yrs.
19. Birthplace — (City or town) Texas (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho } ss.
County of Gem }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 69 years of age, that I have known this person for 45 years, and that Mrs. Mary Richardson (First name) (Last name), who attended this birth is deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Antone Marcus Hansen Signature

Emmett, Idaho P. O. Address

Subscribed and sworn to before me this 13 day of February 1942

(SEAL) Notary Public, residing at Emmett, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 14 1942 by Mary Hedden, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 17 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

766-26032-719

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 332545
Local Reg. No.
Reg. Dist. No.

FEB 14 1942

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Lincoln (b) City Shoshone
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Lincoln
(c) City Shoshone
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 13 yrs.

3. RESIDENCE OF FATHER (city, state) Shoshone, Ida.

4. FULL NAME OF CHILD Alice Viola Swope

5. Date of Birth of Child (Month, day, year) June 6, 1896

6. Sex female **7.** Twin or Triplet **If so—born** 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME Ruben Wadsworth Swope
11. Color or Race white **12.** Age at time of THIS birth 26 yrs.
13. Birthplace Guther Center, Iowa (City or town) (State or foreign country)
14. Exact Occupation owner and operator of Dray
15. Industry or Business Dray

MOTHER OF CHILD

16. FULL MAIDEN NAME Alice Kirby Parry
17. Color or Race white **18.** Age at time of THIS birth 21 yrs.
19. Birthplace Ogden, Utah (City or town) (State or foreign country)
20. Exact Occupation house wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child one (b) Born alive and now living one

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date (Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

State of Idaho } ss.
County of Lincoln }

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 66 years of age, that I have known this person for m birth years, and that Mrs. O'Conner (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Alice Kirby Swope Signature
Shoshone Ida. P. O. Address

Subscribed and sworn to before me this 13th day of February, 1942.

(SEAL) Howard E. Adkins PROBATE JUDGE Notary Public, residing at Shoshone, Idaho
LINCOLN COUNTY, IDAHO

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 14 1942 by ..... Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 17 1942

MAR 18 1960

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

653718 (40-464)

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 332555
Local Reg. No.
Reg. Dist. No.

FEB 14 1942

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Shoshone (b) City Kingston
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Kingston
(c) City
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Claude Wellman

5. Date of Birth of Child (Month, day, year) May 18 1896

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy

9. Legitimate?

FATHER OF CHILD

10. FULL NAME Clumbus Welling Wellman

11. Color or Race White

12. Age at time of THIS birth 27 yrs.

13. Birthplace Dont Know (City or town) Kentucky (State or foreign country)

14. Exact Occupation Laborer

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Della Dodd

17. Color or Race White

18. Age at time of THIS birth 22 yrs.

19. Birthplace ~~Dont Know~~ (City or town) Minnesota (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho } ss.
County of Shoshone }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the 1st Cousin & Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 69 years of age, that I have known this person for in Childhood years, and that Matilda Dodd (First name) (Last name), who attended this birth, Is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

Coeur d'Alene Idaho P. O. Address

Subscribed and sworn to before me this 14 day of January, 19 42

(SEAL) Notary Public residing at Spokane

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 14 1942 by Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

OCT 14 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such ~~date, such report may be received and filed by the local registrar for~~ record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

464 120 037 386

332556

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO FEB 16 1942

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Owyhee (b) City Hot Springs
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 1 years months days 20

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Owyhee
(c) City Hot Springs
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 7 yrs.

3. **RESIDENCE OF FATHER** (city, state) Idaho Hot Springs

4. **FULL NAME OF CHILD** Willis Clifford Dodge

5. Date of Birth of Child (Month, day, year) Oct. 20, 1896

6. Sex

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Willis Cornelius Dodge
11. Color or Race W hite
12. Age at time of THIS birth 23 yrs.
13. Birthplace Delaware County, Iowa (City or town) (State or foreign country)
14. Exact Occupation Stock raising
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Nilda Mrs Thomas
17. Color or Race W hite
18. Age at time of THIS birth 20 yrs.
19. Birthplace Portland, Oregon (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Boric Acid.
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born (Born alive, stillborn) at 4:00 P.M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature Jana Grabb ~~M.D.~~ Midwife Address Mtn Home Ida. Date Feb 14-42

State of Idaho
County of Elmore } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this 14 day of February, 19 42

(SEAL) O. E. Nesbit Notary Public, residing at Mtn Home Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 16 1942 by Mary Helen, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 2 1942

MAR 17 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

793 208 030-1.34

332630

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No.....

CERTIFICATE OF BIRTH
STATE OF IDAHO

FEB 9 1942

Local Reg. No.....
Reg. Dist. No.....

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Lemhi (b) City Salmon
   (c) Street Address or R.F.D. No. none
   (d) Name of Hospital or Maternity Home: own home
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county 2 years — months — days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Lemhi
   (c) City Salmon
   (d) Street Address or R.F.D. No. none
   (e) How long has **MOTHER** lived in Idaho? 3 yrs.

3. **RESIDENCE OF FATHER** (city, state) Salmon Idaho

4. **FULL NAME OF CHILD** Daisy May Gillette

5. Date of Birth of Child (Month, day, year) Oct 18-1896

6. Sex female

7. Twin or Triplet —

If so—born 1st, 2nd, 3rd —

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** William John Gillette

11. Color or Race White

12. Age at time of THIS birth 28 yrs.

13. Birthplace Grass Lake (City or town) Michigan (State or foreign country)

14. Exact Occupation barber

15. Industry or Business barbering

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Kitty M. Aldridge

17. Color or Race White

18. Age at time of THIS birth 21 yrs.

19. Birthplace St. Louis (City or town) Missouri (State or foreign country)

20. Exact Occupation housewife

21. Industry or Business none

22. Name prophylactic used to prevent Ophthalmia Neonatorum Silver nitrate

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living Yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....(Born alive, stillborn) at.....M. on the date and at the place stated above, and that personal particulars were furnished by.....(First name) (Last name), who is related to this child as.....(Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. / Midwife ..... Address ..... Date .....

State of California } ss.
County of Los Angeles }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 67 years of age, that I have known this person for 45 years, and that Doctor Kinney (First name) (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Kitty M. Aldridge Signature

Pasadena Calif. P. O. Address

Subscribed and sworn to before me this 7th day of January, 19 42

(SEAL) Notary Public, residing at Pasadena Calif

My Commission Expires February 3, 1945

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914 Idaho Code Annotated.)

Received for filing on FEB 9 1942 by Mabel H. Nelson, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

212-112-029-553

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO FEB 9 1942

State File No. 332650
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Latah (b) City Joel
   (c) Street Address or R.F.D. No. —
   (d) Name of Hospital or Maternity Home: —
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county 7 years 6 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Latah
   (c) City Joel
   (d) Street Address or R.F.D. No. —
   (e) How long has **MOTHER** lived in Idaho? 2 yrs. 8 mos

3. **RESIDENCE OF FATHER** (city, state) Joel, Idaho

4. **FULL NAME OF CHILD** Herman Clarence Baker

5. Date of Birth of Child (Month, day, year) Nov. 12, 1896

6. Sex Male

7. Twin or Triplet No

If so—born 1st, 2nd, 3rd —

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Charles C. Baker
11. Color or Race White
12. Age at time of THIS birth 34 yrs.
13. Birthplace Konigsberg (City or town) Prussia, Germany (State or foreign country)
14. Exact Occupation Foreman
15. Industry or Business Northern Pacific Ry.

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Anna C. Nelson
17. Color or Race White
18. Age at time of THIS birth 36 yrs.
19. Birthplace Helsingberg (City or town) Sweden (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business —

22. Name prophylactic used to prevent Ophthalmia Neonatorum —
23. Number of children of this mother: (a) At time of birth and including this child two (b) Born alive and now living Yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

State of Washington, County of Spokane } ss.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now — 82 years of age, that I have known this person for — years, and that attendant (First name) ____ (Last name), who attended this birth, — is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

√ Mrs Anna C. Baker Signature

Spokane, Wash. P. O. Address

Subscribed and sworn to before me this 2 day of February, 1942

(SEAL) B. V. Jensen Notary Public, residing at Spokane

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 9 1942 by Mabel E. Lehn, Registrar.

FEB 18 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

613 105035-813

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

FEB 9 1942

State File No. 332653
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Nez Perce (b) City Spalding
(c) Street Address or R.F.D No.
(d) ~~Name of Hospital or Maternity Home.~~ at own home
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home.....days.
In **THIS** county 1 years 2 months 19 days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Nez Perce
(c) City Spalding
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 1½ yrs.
(f) Mother's mailing address Spalding
3. **RESIDENCE OF FATHER** (city, state) same

4. **FULL NAME OF CHILD** George Ethelbert Watters
5. Date of Birth (Month, day, year) Oct. 5, 1896.
6. Sex male
7. Twin or Triplet no. If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? yes.

FATHER OF CHILD

10. **FULL NAME** John William Watters
11. Color or Race Scotch
12. Age at time of THIS birth 24 yrs.
13. Birthplace New Castle (City or town), England (State or foreign country)
14. Exact Occupation Steward,
15. Industry or Business Seaman

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mercy Arabella Hall
17. Color or Race white
18. Age at time of THIS birth 21 years
19. Birthplace Ashburn (City or town), Illinois (State or foreign country)
20. Exact Occupation house wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child. one (b) Born alive and now living. one

By Order of Adoption No. 2906, George Ethelbert Watters was adopted in the Superior Court of the State of Washington for Columbia County on the 25th day of March, 1899 by E. I. And Eva E. Radgley and his name changed to George Ethelbert Radgley. I do hereby certify that I have personally examined an authentic copy of the Order of Adoption and that the facts as herein stated are true. The copy of said order of adoption has been returned to George Ethelbert Radgley. Dated this 17th day of February, 1942. Mabel H. Elder Director, Bureau of Vital Statistics, Boise, Idaho and address

Date

State of Washington } ss.
County of Spokane }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, C. O. McKenzie, being first duly sworn, say that I am acquainted with (Related to (or) acquainted with) George Ethelbert Watters (Name of person on certificate above) as an acquaintance (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

C. O. McKenzie Name

Postmaster Greenacres, Wash. P. O. Address

Subscribed and sworn to before me on this 31st day of January 1942

(SEAL)

Notary Public, residing at Spokane

Filed: February 9, 1942

Mabel H. Elder Registrar's Signature

Use only BLACK Ink or BLACK Rec... in envelope bearing FIRST CLASS po... Each certified copy requires an advan...

...n completing this certificate. Mail COMPLETED certificate ...h of Vital Statistics, Boise, Idaho, for filing. No charge for filing. ...cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No. 332668
Local Reg. No.
Reg. Dist. No.

CERTIFICATE OF BIRTH
STATE OF IDAHO

1. **PLACE OF BIRTH:**
   (a) County Bingham (b) City Blackfoot
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mother's stay **BEFORE** delivery:
   In Hosp. or Mat. Home ..... days.
   In **THIS** county ..... years ..... month ..... days.

2. **USUAL RESIDENCE of MOTHER:** (At time of this birth)
   (a) State Idaho (b) County Bingham
   (c) City Blackfoot
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? ..... yrs.
   (f) Mother's mailing address

3. **RESIDENCE of FATHER** (city, state).

4. **FULL NAME OF CHILD** Ora Victor Dillard

5. Date of Birth (Month, day, year) April 25, 1896

6. Sex Male

7. Twin or Triplet No

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Lee Bourne Dillard
11. Color or Race White
12. Age at time of THIS birth ..... yrs.
13. Birthplace Sylvia, North Carolina (City or town) (State or foreign country)
14. Exact Occupation Dairyman and Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Nettie Worden
17. Color or Race White
18. Age at time of THIS birth ..... yrs.
19. Birthplace EDEN, UTAH (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child One (b) Born alive and now living None (c) Born alive and now dead None (d) Stillborn None

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) FEB 19 1942 (Date received) (b) Mary E Elder (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

27. Given name added on ..... by ..... (Registrar's signature)

State of Montana
County of Silver Bow } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, LULA WORDEN, being first duly sworn, say that I am related to acquainted with (Related to (or) acquainted with) Ora Victor Dillard (Name of person on certificate above) as nephew (relative) (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Eliza Robinson (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Lula Worden Signature
1644 Phillips ave Butte Mont P. O. Address

Subscribed and sworn to before me on this 26th day of January, 19 42

(SEAL)

Notary Public, residing at Butte, Montana

My commission expires July 8, 1943

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in ~~Chapter 2, Title 38, Idaho Code Annotated, when such report is accom-~~ panied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

7/6-115 040-235

United States
Department of Commerce
Bureau of the Census

Shoshone

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

FEB 10 1942

State File No. 332768
Local Reg. No. 14
Reg. Dist. No. 210

1. **PLACE OF BIRTH:**
(a) County ~~CLEAR WATER~~ (b) City WEIPPE, IDAHO
(c) Street Address or R F D No.
(d) Name of Hospital or Maternity Home: None - husband - wife living
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home.....days.
In **THIS** county.....years.....months.....days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County ~~Clearwater~~ Shoshone
(c) City Orofino
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 54 yrs.
(f) Mother's mailing address Orofino, Idaho
3. **RESIDENCE OF FATHER** (city, state) Deceased

4. **FULL NAME OF CHILD** FRANK-EDMUND-GAFFNEY
5. Date of Birth (Month, day, year) June 15, 1896
6. Sex. Male
7. Twin or Triplet
If so—born 1st, 2nd, 3rd 1st
8. No. months of Pregnancy 9
9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** FRANK-GAFFNEY-SR
11. Color or Race White
12. Age at time of THIS birth 30 yrs.
13. Birthplace San Francisco, Calif. (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming & stock raising

MOTHER OF CHILD

16. **FULL MAIDEN NAME** BELLE-~~GAY~~ STEELE
17. Color or Race White
18. Age at time of THIS birth 28 years
19. Birthplace Woodbine, Ky. (City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was (born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

26. (a) 2/7- (Date received) (b) H. A. Shaw (Registrar's signature)

27. Given name added on by (Registrar's signature)

25. Attendant's **OWN signature** M.D. or (D.O., Midwife, etc.)
and address Date

State of Idaho }
County of Clearwater } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Belle Steele Gaffney, being first duly sworn, say that I am mother (Related to (or) acquainted with) Frank Edmund Gaffney (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. Thomas Nelson (Name of attendant at birth), who attended said birth deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Belle Steele Gaffney Name
Orofino, Idaho P. O. Address

Subscribed and sworn to before me on this 6th day of February, 1942

(SEAL)

H. L. Wallace Notary Public, residing at Orofino, Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 19 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

253-209 028-257

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

FEB 13 1942

State File No. 332826
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County ~~Bonner~~ Kootenai (b) City Newport
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 2 years 10 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County ~~Bonner~~ Kootenai
(c) City Newport
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 2 yrs.

3. RESIDENCE OF FATHER (city, state) Idaho, Newport

4. FULL NAME OF CHILD Ruth Marguerite Kelly

5. Date of Birth of Child (Month, day, year) March 9 - 1896

6. Sex Female

7. Twin or Triplet

If so ~~born~~ 1st, 2nd, 3rd

8. No. months of Pregnacy 9 Mo.

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Thomas John Kelly
11. Color or Race White
12. Age at time of THIS birth 32 yrs.
13. Birthplace Preston (City or town) Minn. (State or foreign country)
14. Exact Occupation Merchant (general)
15. Industry or Business Grocery Store

MOTHER OF CHILD

16. FULL MAIDEN NAME Mary Margaret Heard
17. Color or Race White
18. Age at time of THIS birth 23 yrs.
19. Birthplace Tangent, (City or town) Oregon (State or foreign country)
20. Exact Occupation Housewife.
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born Alive (Born alive, stillborn) at 2:30 P.M. on the date and at the place stated above, and that personal particulars were furnished by Mrs. Mary Kelly (First name) (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature [signature] M.D. Midwife X Address Newport Wash. Date Feb. 6, 1942

State of ..... } ss.
County of ..... }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature

..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 13 1942 by [signature], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 19 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

614125 006 819

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

FEB 18 1942

State File No. 332865
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bingham (b) City Taylor
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county Ten years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bingham
(c) City Taylor
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? Ten yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Vernon Chester Wadsworth

5. Date of Birth of Child (Month, day, year) March 25 1896

6. Sex male **7.** Twin or Triplet **If so—born** 1st, 2nd, 3rd **8.** No. months of Pregnacy nine **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME Charles Warren Wadsworth
11. Color or Race White **12.** Age at time of THIS birth 36 yrs.
13. Birthplace Riverdale (City or town) Utah (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Harriet Ann Hardy
17. Color or Race White **18.** Age at time of THIS birth 30 yrs.
19. Birthplace Mountain Green (City or town) Utah (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho } ss.
County of Bonneville }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 81 years of age, that I have known this person for 45 years, and that Agnota (First name) Wadsworth (Last name) who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

C W W
Signature
Charles Warren Wadsworth
P. O. Address

Subscribed and sworn to before me this 10 day of Feb, 19 42

(SEAL) Notary Public, residing at Idaho Falls

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 18 1942 by , Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 19 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

8/4128 029-249

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

FEB 13 1942

State File No. 332898
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Latah (b) City Moscow
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 7 years 2 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Moscow
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 7 yrs.

3. RESIDENCE OF FATHER (city, state) Same

4. FULL NAME OF CHILD Guy Walter Hammond

5. Date of Birth of Child (Month, day, year) Feb. 28, 1896

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Cary Boardman Hammond
11. Color or Race White
12. Age at time of THIS birth 37 yrs.
13. Birthplace Batavia, (City or town) Ill. (State or foreign country)
14. Exact Occupation Assessor
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Lena Leota Smith
17. Color or Race White
18. Age at time of THIS birth 28 yrs.
19. Birthplace Richford (City or town) Vermont (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living Yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature Deceased M.D. Midwife Address Deceased Date

State of Washington } ss.
County of Thurston }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 73 years of age, that I have known this person for 7 years, and that Dr. W. W. Watkins (First name) (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Lena Leota Hammond Signature
1067 Jefferson St. Olympia, Washington. P. O. Address

Subscribed and sworn to before me this 27th day of January, 19 42

(SEAL) Geo. T. Harrington Notary Public, residing at Olympia Wash.

(Note: Perjury is punishable as a felony in Idaho, see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 13 1942 by Myrtle E. Chapman, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 19 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

313-113016268

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

FEB 14 1942

State File No. 332916
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Canyon (b) City Austin
(c) Street Address or R.F.D. No. —
(d) Name of Hospital or Maternity Home: at Home, @ Austin
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 5 years — months — days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Canyon
(c) City Austin
(d) Street Address or R.F.D. No. Hort
(e) How long has **MOTHER** lived in Idaho? 12 yrs.

3. RESIDENCE OF FATHER (city, state) Austin Idaho

4. FULL NAME OF CHILD Marvin Bryan Calhoun

5. Date of Birth of Child (Month, day, year) July 13-1896

6. Sex Male **7.** Twin or Triplet **If so—born** 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Orlando Franklin Calhoun
11. Color or Race White **12.** Age at time of THIS birth 40 yrs.
13. Birthplace Alton (City or town) Missouri (State or foreign country)
14. Exact Occupation Farmer.
15. Industry or Business —

MOTHER OF CHILD

16. FULL MAIDEN NAME Delana Virginia Boyd
17. Color or Race White **18.** Age at time of THIS birth 38 yrs.
19. Birthplace Springfield (City or town) Missouri (State or foreign country)
20. Exact Occupation Housewife.
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at 8 P. M. on the date and at the place stated above, and that personal particulars were furnished by Delana (First name) Calhoun (Last name), who is related to this child as mother (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho } ss.
County of Twin Falls }

AFFIDAVIT
to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 56 years of age, that I have known this person for 46 years, and that Romola (First name) Boyd (Last name), who attended this birth Now Deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Lula A. Laney
Signature
Buhl Idaho
P. O. Address

Subscribed and sworn to before me this 18th day of February, 1942

(SEAL)

Notary Public, residing at Buhl, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 14 1942 by , Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 19 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

294-22 30 25 986

332933

United States Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

FEB 19 1942

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Idaho (b) City Cottonwood
(c) Street Address or R.F.D. ~~No.~~ near by farm
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county [illegible] years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Idaho
(c) City Cottonwood
(d) Street Address or R.F.D. No. On farm
(e) How long has **MOTHER** lived in Idaho? 4 yrs.

3. **RESIDENCE OF FATHER** (city, state) Cottonwood Ida.

4. **FULL NAME OF CHILD** Rosella Elizabeth Bruner

5. Date of Birth of Child (Month, day, year) Feb. 23. 1896

6. Sex

7. Twin or Triplet twin If so—born 1st, 2nd, 3rd first

8. No. months of Pregnacy 9

9. Legitimate? yes.

FATHER OF CHILD

10. **FULL NAME** John William Bruner.
11. Color or Race White
12. Age at time of THIS birth 22 yrs.
13. Birthplace Beatrice (City or town) Nebraska (State or foreign country)
14. Exact Occupation Farmer.
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Adelia Rhoads.
17. Color or Race White
18. Age at time of THIS birth 18 yrs.
19. Birthplace Walla Walla (City or town) Wash. (State or foreign country)
20. Exact Occupation Home wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum unknown

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

State of California
County of Santa Cruz } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 64 years of age, that I have known this person for 64 years, and that John W. (First name) Turner (Last name), who attended this birth, is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary Adelia Rhoads Bruner Rohn Signature
2707 Fairfield St Eureka Calif. P. O. Address

Subscribed and sworn to before me this 19th day of January, 1942

(SEAL) Ethel L. McCarthy Notary Public, residing at Watsonville Calif.

(Note: Perjury is punishable as a felony in Idaho—see Sec. 07-2414, Idaho Code Annotated.)

Received for filing on FEB 19 1942 by ..... Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 28 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

4P/1/18-029-493

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

FEB 19 1942

State File No. 332953
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Latah (b) City Palouse
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county 4 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Latah
   (c) City near Palouse
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 4 yrs.

3. **RESIDENCE OF FATHER** (city, state) Palouse, Idaho

4. **FULL NAME OF CHILD** Harry Lewis Marsh

5. Date of Birth of Child (Month, day, year) April 18, 1896

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy full term

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Hadden Spurgeon Marsh
11. Color or Race White
12. Age at time of THIS birth 25 yrs.
13. Birthplace Rochester, Indiana (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Campbell Miller
17. Color or Race White
18. Age at time of THIS birth 23 yrs.
19. Birthplace Glasgow, Scotland (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date (Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife ..... Address ..... Date

State of Washington } ss.
County of Yakima }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 68 years of age, that I have known this person for 46 years, and that Doctor (First name) Hines (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary C. Miller Marsh Signature

313½ N. Spruce, Yakima, Washington P. O. Address

Subscribed and sworn to before me this 17th day of February, 19 42

(SEAL) Vivien M. Ackley Notary Public, residing at Yakima, Washington.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 19 1942 by Mark H. Ellis, Registrar.

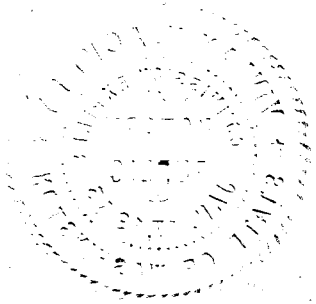
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 20 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



155702036-253

332992

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH FEB 16 1942
STATE OF IDAHO

State File No. 332992
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Oneida (b) City Fairview
(c) Street Address or R.F.D. No. Idaho
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 9 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Oneida
(c) City Fairview
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 9 yrs.

3. RESIDENCE OF FATHER (city, state) Fairview Idaho

4. FULL NAME OF CHILD Samuel Wesley Jenkins

5. Date of Birth of Child (Month, day, year) 9-2-1896

6. Sex male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Thomas Henry Jenkins
11. Color or Race white
12. Age at time of THIS birth 49 yrs.
13. Birthplace Iowa (City or town) (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Minerva Amilla Beckstead
17. Color or Race white
18. Age at time of THIS birth 35 yrs.
19. Birthplace South Jordan Utah (City or town) (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 10 (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho } ss.
County of Franklin }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 81 years of age, that I have known this person for 81 45 years, and that Nellie Morgan (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Minerva Amilla Beckstead Jenkins Signature

Preston, Idaho P. O. Address

Subscribed and sworn to before me this 13th day of February, 19 42.

(SEAL) Notary Public, residing at preston, Ida.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 16 1942 by , Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 21 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

852-102-001-253

333009

United States Department of Commerce Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.

FEB 16 1942 Local Reg. No.

Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Ady (b) City --
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home --days.
IN **THIS** county 8 years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Ada
(c) City
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 23 yrs.
(f) Mother's mailing address Star, Ady County

3. RESIDENCE of FATHER (city, state) " " "

4. FULL NAME OF CHILD James Luther Hess

5. Date of Birth (Month, day year) 4-2-1896

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 m.

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME James Gilbert Hess

11. Color or Race White

12. Age at time of THIS birth 33 yrs.

13. Birthplace Des Moines (City or town) Iowa (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business Farming

MOTHER OF CHILD

16. FULL MAIDEN NAME Sarah Ann Ballenger

17. Color or Race White

18. Age at time of THIS birth 24 yrs.

19. Birthplace Idaho (City or town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3 (c) Born alive and now dead -- (d) Stillborn --

24. I HEREBY CERTIFY That I attended the birth of this child, who was (born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother etc.)

26. (a) FEB 16 1942 (Date received) (b) (Registrar's signature)

27. Given name added on by (Registrar's signature)

25. Attendant's **OWN** signature M.D. (D.O., Midwife, etc.)
and address Date

State of Washington } ss.
County of Whatcom }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, James G. Hess, being first duly sworn, say that I am Father related (Related to (or) acquainted with) James Luther Hess (Name of person on certificate above) as Father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. Pollard (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

James G Hess Signature

215 Unity St., Bellingham, Wn. P. O. Address

Subscribed and sworn to before me on this 6th day of February, 19 42

(SEAL) A. E. Byrne Notary Public, residing at Bellingham.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 21 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to ~~such~~ date, ~~such~~ report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

954-218-001895

333029

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

FEB 16 1942

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Ada (b) City 5 mi. from Boise
(c) Street Address or R.F.D. No. farm
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county one years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County
(c) City ~~Boise~~ (on farm)
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? one yrs.

3. RESIDENCE OF FATHER (city, state) ~~Ada~~ same

4. FULL NAME OF CHILD Sarepta Jane Redding

5. Date of Birth of Child (Month, day, year) Aug. 18, 1896

6. Sex female

7. Twin or Triplet no If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9 mo.

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Robert P. Redding
11. Color or Race white **12.** Age at time of THIS birth 47 yrs.
13. Birthplace [illegible] (City or town) Clio (State or foreign country)
14. Exact Occupation Laborer, farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Eliza Jane Hindsley
17. Color or Race white **18.** Age at time of THIS birth 29 yrs.
19. Birthplace unknown (City or town) Mo. (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum 5

23. Number of children of this mother: (a) At time of birth and including this child ~~10~~ 10. (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

State of Oregon } ss.
County of Wasco }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the brother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 72 years of age, that I have known this person for lifetime years, and that Sarepta Jane Patterson (First name) (Last name), who attended this birth now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Charles William Redding Signature
maupin, Oregon. P. O. Address

Subscribed and sworn to before me this 24th day of January, 1942.

(SEAL) A. E. Buchmond Notary Public, residing at Maupin, Ore.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 16 1942 by [illegible], Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 21 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

462-112
056867

FEB 21 1942

333039

333039

United States Department of Commerce Bureau of the Census

CERTIFICATE OF BIRTH
STATE OF IDAHO

(Be sure the information is as of date of birth of THIS child)

State File No. 333039
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Oneida (b) City Preston
(c) Street Address or R.F.D. No. None
(d) Name of Hospital or Maternity Home: Parents Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 12 years 7 months 12 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Oneida
(c) City Preston
(d) Street Address or R.F.D. No. None
(e) How long has **MOTHER** lived in Idaho? 56 yrs.

3. RESIDENCE OF FATHER (city, state) Deceased

4. FULL NAME OF CHILD Vernon William Dobbs

5. Date of Birth of Child (Month, day, year) April 12 1896

6. Sex Male

7. Twin or Triplet Single birth If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME William Dobbs
11. Color or Race White **12.** Age at time of THIS birth 23 yrs.
13. Birthplace Shawneetown Illinois (City or town) (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Zetta Hopkins
17. Color or Race White **18.** Age at time of THIS birth 21 yrs.
19. Birthplace Smithfield Utah (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child None (b) Born alive and now living None

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date (Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

State of ..... } ss.
County of ..... }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 65 years of age, that I have known this person for Since birth years, and that Mrs. Ephriam Swan (First name) (Last name), who attended this birth Now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Zetta Hopkins Pellum Signature
1306 5th Ave St Boise Ida. P. O. Address

Subscribed and sworn to before me this 21 day of February, 1942

(SEAL) Zetta Donovan Notary Public, residing at Boise Ida

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 21 1942 by Mary E. Eder, Registrar.

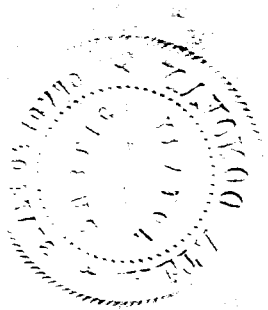
Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 21 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



464112-044-281

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 333109
Local Reg. No.
Reg. Dist. No.

FEB 11 1942

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Washington (b) City Weiser
   (c) Street Address or R.F.D. No. W. 5th St.
   (d) Name of Hospital or Maternity Home: no
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county 2 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Washington
   (c) City Weiser
   (d) Street Address or R.F.D. No. W. 5th St.
   (e) How long has **MOTHER** lived in Idaho? 56 yrs.

3. **RESIDENCE OF FATHER** (city, state) Weiser, Idaho

4. **FULL NAME OF CHILD** Harry Franklin Moulton

5. Date of Birth of Child (Month, day, year) April 12, 1896

6. Sex Male

7. Twin or Triplet no

If so—born 1st, 2nd, 3rd no

8. No. months of Pregnacy 9 mos

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Pierpont Hezekiah Biers Moulton
11. Color or Race white
12. Age at time of THIS birth 22 yrs.
13. Birthplace Pottawanie County, Kansas (City or town) (State or foreign country)
14. Exact Occupation orchardist
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Nancy Ann a Shannon
17. Color or Race white
18. Age at time of THIS birth 22 yrs.
19. Birthplace Carthage, Missouri (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 9

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date (Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

State of Idaho } ss.
County of Washington }

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 67 years of age, that I have known this person for 45 years, and that G. M. Waterhouse (First name) (Last name), who attended this birth is now deceased. (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Pierpont Hezekiah Biers Moulton Signature

667 W. Galloway, Weiser, Idaho P. O. Address

Subscribed and sworn to before me this 11th day of January, 19 42

(SEAL)

Notary Public, residing at Weiser, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 11 1942 by ..... Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 2 5 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

695-228-003 313

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO FEB 20 1942

State File No. 333244
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bannock (b) City Ten Mile Springs
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Own Home
(e) Mother's stay BEFORE delivery: IN THIS county // years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City Ten Mile Springs
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 11 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Gladys May Winschell

5. Date of Birth of Child (Month, day, year) Jan 28 1896

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy Nine

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME William Winschell

11. Color or Race White

12. Age at time of THIS birth 35 yrs.

13. Birthplace (City or town) (State or foreign country)

14. Exact Occupation Rancher & Freighter

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Dora Gates

17. Color or Race White

18. Age at time of THIS birth 31 yrs.

19. Birthplace Salem Missouri (City or town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Boracic Acid

23. Number of children of this mother: (a) At time of birth and including this child Eight (b) Born alive and now living Eight

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho } ss.
County of Bear Lake }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Uncle (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 78 years of age, that I have known this person for 35 years, and that Bertha Christoffersen (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

John E. Winschell Signature
Montpelier Idaho P. O. Address

Subscribed and sworn to before me this 3 day of January, 19 42

(SEAL) Notary Public, residing at Montpelier Ida

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 24 1942 by Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

236-109 007-432

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO , FEB 20 1942

State File No. 334299
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Blaine (b) City Hailey
(c) Street Address or R.F.D. No. General Del
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 14 years X months X days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Blaine
(c) City Hailey
(d) Street Address or R.F.D. No. General Del
(e) How long has **MOTHER** lived in Idaho? 14 yrs.

3. **RESIDENCE OF FATHER** (city, state) Hailey, Idaho

4. **FULL NAME OF CHILD** Henry Sylvester Bloss

5. Date of Birth of Child (Month, day, year) Dec. 9 1896

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Charles William Bloss
11. Color or Race White
12. Age at time of THIS birth 26 yrs.
13. Birthplace Buffalow (City or town) New York (State or foreign country)
14. Exact Occupation Miner
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Laura Jane McKibbin
17. Color or Race White
18. Age at time of THIS birth 19 yrs.
19. Birthplace Reno (City or town) Nevada (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of California
County of Los Angeles } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 64 years of age, that I have known this person for 45 years, and that Dr. (First name) Durham (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Laura Jane Bloss Signature
361 W. 66th St., Los Angeles, California P. O. Address

Subscribed and sworn to before me this 16 day of February, 1942.

(SEAL) [illegible] Notary Public, residing at Los Angeles County California

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 20 1942 by Mabel Keeler, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 26 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

354 109 036 433

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 334372
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County ONEIDA (b) City WESTON
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
X born at home
(e) Mother's stay BEFORE delivery: IN THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State IDAHO (b) County ONEIDA
(c) City WESTON
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 43 X yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD ALFRED LEMMON

5. Date of Birth of Child (Month, day, year) 7/9/1896

6. Sex MALE **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy **9.** Legitimate?

FATHER OF CHILD

10. FULL NAME Alfred Lemmon
11. Color or Race White **12.** Age at time of THIS birth yrs.
13. Birthplace Sanpete Utah (City or town) (State or foreign country)
14. Exact Occupation
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Margaret McCulloch X
17. Color or Race White X **18.** Age at time of THIS birth 34 yrs.
19. Birthplace Preston Scotland X (City or town) (State or foreign country)
20. Exact Occupation housewife X
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum none X

23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho } ss.
County of Franklin }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4 above, that I am now 80 years of age, that I have known this person for 45 years, and that Belella (First name) Jensen (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located), I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

X Margaret McCulloch Lemmon Signature
Weston Idaho P. O. Address

Subscribed and sworn to before me this 18 day of February, 1942

(SEAL) Notary Public, residing at Preston Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 26 1942 by Mabel Wilson, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the ~~local registrar for~~ record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

155-128 036 958

334455

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

FEB 25 1942

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Oneida (b) City Malad
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: OWN Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 25 years 7 months 27 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County ONeida
(c) City Malad
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 25½ yrs.

3. RESIDENCE OF FATHER (city, state) Malad-Ida

4. FULL NAME OF CHILD Morgan Reynolds JENKINS

5. Date of Birth of Child (Month, day, year) Mar 28-1896

6. Sex Male

7. Twin or Triplet SINGle If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Thomas W. JENKINS
11. Color or Race White
12. Age at time of THIS birth 39 yrs.
13. Birthplace Glamorganshire (City or town) Wales (State or foreign country)
14. Exact Occupation FarMer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Zillah Reynolds
17. Color or Race White
18. Age at time of THIS birth 43 yrs.
19. Birthplace Glamorganshire (City or town) Wales (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

State of Idaho }
County of Oneida } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Sister (Mother, etc.) of the person whose name appears in Item 24, above, that I am now 65 years of age, that I have known this person for 45 years, and that John (First name) RICHter (Last name), who attended this birth is deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Chas Elcock. Signature
Box 54, Malad City Idaho P. O. Address

Subscribed and sworn to before me this 24 day of February, 1942

(SEAL) Mamie Dellinger Notary Public residing at Malad Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 25 1942 by Mary Fletcher, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 27 1947

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

512-212-040 '381

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 334518
Local Reg. No.
Reg. Dist. No.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Shoshone (b) City Mullan
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: at home
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county 4 years — months — days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Shoshone
   (c) City Mullan
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 4 yrs.

3. **RESIDENCE OF FATHER** (city, state) Mullan, Idaho

4. **FULL NAME OF CHILD** Gertrude Mattie Eakman

5. Date of Birth of Child (Month, day, year) Sept 12 1896

6. Sex female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Elmer Elsworth Eakman
11. Color or Race White
12. Age at time of THIS birth 35 yrs.
13. Birthplace Pottsburg (City or town) Penna (State or foreign country)
14. Exact Occupation Locomotive Engineer at home
15. Industry or Business Of Gertrudes birth

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Orzella Araminta Thatcher
17. Color or Race white
18. Age at time of THIS birth 23 yrs.
19. Birthplace Hopewell (City or town) New York (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business —

22. Name prophylactic used to prevent Ophthalmia Neonatorum none

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

State of Washington } ss.
County of Yakima }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 46 years of age, that I have known this person for 45 years, and that Dr. C. V. Greenway (First name) (Last name), who attended this birth X (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Orzella Araminta Eakman Signature

P. O. Address

Subscribed and sworn to before me this 24th day of February, 19 42

(SEAL) David Rankin Notary Public, residing at Yakima, Wash

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

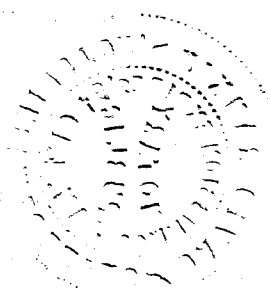
Received for filing on FEB 26 1942 by [illegible] Registrar.

MAR 2 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



555-21-4003 646

334545

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

FEB 21 1942

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bannock (b) City Pocatello
(c) Street Address or R.F.D. No. #8 Shattuck Row
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery: IN THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City Pocatello
(d) Street Address or R.F.D. No. #8 Shattuck Row
(e) How long has MOTHER lived in Idaho? 2 Wks yrs

3. RESIDENCE OF FATHER (city, state) Pocatello, Ida

4. FULL NAME OF CHILD MARGARET RUTH NEELAN

5. Date of Birth of Child (Month, day, year) Apr. 14, 1896

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME DAVID DANIEL NEELAN
11. Color or Race White
12. Age at time of THIS birth 28 yrs.
13. Birthplace (City or town) Ireland (State or foreign country)
14. Exact Occupation Locomotive Fireman
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME NELLIE O'DONNELL
17. Color or Race White
18. Age at time of THIS birth 29 yrs.
19. Birthplace (City or town) Lincoln, (State or foreign country) Illinois
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Bannock } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 74 years of age, that I have known this person for 45 years, and that Mrs McMillan (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

David Daniel Neelan Signature

441 North 10th Ave, Pocatello, Idaho P. O. Address

Subscribed and sworn to before me this 20th day of February, 1942

(SEAL) Leslie M. White Notary Public, residing at Pocatello, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 21 1942 by [illegible] Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 2 1942

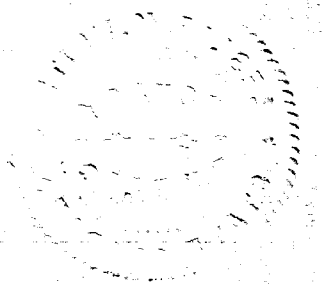
MAR 20 1942

AUG 4 1972

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



434 109 040-249

334603

334603

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH MAR 2 1942
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Shoshone (b) City Wallace
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Shoshone
(c) City Wallace
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 4 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Bruce Scott McDonald

5. Date of Birth of Child (Month, day, year) 10-9-1896

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Scott McDonald

11. Color or Race White

12. Age at time of THIS birth 45 yrs.

13. Birthplace St Charles (City or town) Missouri (State or foreign country)

14. Exact Occupation Mining

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Agnes Jennie Smith

17. Color or Race White

18. Age at time of THIS birth 30 yrs.

19. Birthplace La Crosse (City or town) Minnesota (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child Two (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

State of Washington } ss.
County of Spokane }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 75 years of age, that I have known this person for life years, and that Dr. Dennis (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Agnes Jennie McDonald Signature

W 124 Lot Ave Spokane Wash P. O. Address

Subscribed and sworn to before me this 26th day of February, 1942

(SEAL) [signature] Notary Public, residing at Spokane Wash

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 2 1942 by Mabel McFeeley, Registrar.

MAR 3 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

291-221-003-294

334641

334641

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

FEB 18 1942

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bannock (b) City Pocatello
(c) Street Address or R.F.D. No. 406 N. Garfield
(d) Name of Hospital or Maternity Home: born at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 4 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City Pocatello
(d) Street Address or R.F.D. No. 406 N. Garfield
(e) How long has **MOTHER** lived in Idaho? 4 yrs.

3. RESIDENCE OF FATHER (city, state) Pocatello, Ida.

4. FULL NAME OF CHILD Marie Bruhn Brandt

5. Date of Birth of Child (Month, day, year) Sept. 21, 1896

6. Sex female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Conrad Brandt
11. Color or Race white
12. Age at time of THIS birth 30 yrs.
13. Birthplace Nurbourg, Denmark (City or town) (State or foreign country)
14. Exact Occupation Foreman, R. R. Store Dept.
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Thora Elizabeth Bruhn
17. Color or Race White
18. Age at time of THIS birth 26 yrs.
19. Birthplace Clinton, Iowa (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife Address ____ Date ____

State of Idaho } ss.
County of Bannock }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the friend (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 66 years of age, that I have known this person for 45 years, and that D. J. ROCKER (First name) (Last name), who attended this birth is now deceased (Is now deceased) or ~~(Cannot be located)~~. I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Annie Fagan Signature
Pocatello P. O. Address

Subscribed and sworn to before me this 16 day of Feb., 1942

(SEAL) Allen Gannett Notary Public, residing at Pocatello

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 18 1942 by Maud F. Felder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 4 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

593 102 029 255

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 334677
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Latah (b) City Moscow
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery: IN THIS County years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Moscow
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Walter Victor Mill

5. Date of Birth of Child (Month, day, year) 12-2-1896

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME David Elmer Mill

11. Color or Race American

12. Age at time of THIS birth 32 yrs.

13. Birthplace Covington Ohio (City or town) (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Nyda Ruth Keeney

17. Color or Race American

18. Age at time of THIS birth 22 yrs.

19. Birthplace Kansas (City or town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife ..... Address ..... Date .....

State of Arizona
County of Maricopa } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Aunt (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 76 years of age, that I have known this person for 49 years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Julia Pierce Signature

R1 Box 605 Glendale Ariz. P. O. Address

Subscribed and sworn to before me this 24th day of February 1942

(SEAL) ..... Notary Public, residing at Glendale, Arizona

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 27 1942 by ..... Registrar.

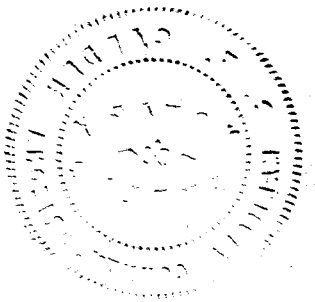
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 3 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



WRITE PLAINLY WITH UNFADING INK.—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Sho Shone
City of Wardner
No. ..... St.
Born at home.
(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

FEB 24 1942

CERTIFICATE OF BIRTH

334826

Registration District No. ..... State File No. .....
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD James Bertie Wheeler.

3. Sex Male | If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... | 6. Premature ..... Full term yes | 7. Legitimate? yes | 8. Date of birth Oct 13th, 1896 (Month, Day, Year)

FATHER

9. Full name James Laton Wheeler
10. Residence (usual place of abode) (If non-resident, give place and State) Wardner
11. Color or race white | 12. Age at last birthday 50 (years)
13. Birthplace (city or place) Millard (State or Country) Adair Co, Missouri.

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Labor & Farming
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. .....
16. Date (month and year) last engaged in this work May, 1917 | 17. Total time (years) spent in this work 31

MOTHER

18. Full maiden name Lucy Viola Keeton.
19. Residence (usual place of abode) (If non-resident, give place and State) Wardner
20. Color or race White | 21. Age at last birthday 30 (years)
22. Birthplace (city or place) ~~Wardner~~ (State or Country) Kentucky.

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housekeeper
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Home
25. Date (month and year) last engaged in this work ....., 1920 | 26. Total time (years) spent in this work 6 yrs.

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother 2 (At time of this birth and including this child) (a) Born alive and now living 2 (b) Born alive but now dead None (c) Stillborn None.

29. If stillborn, period of gestation ..... months or weeks | 30. Cause of Stillbirth ..... During labor ..... Before labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... at ..... m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

Give name added from a supplemental report .....

(Signed) ....., M. D.
or ....., Midwife
Address .....

(Date of) Filed ....., 193 Mary Wheeler
Registrar. Registrar.

MAR 5 1942

685-713-040-255

STATE OF IDAHO

FEB 24 1942

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

RECEIVED

JUL 29 1940

State of California
County of Fresno } ss.

AFFIDAVIT

(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

F. L. Wheeler being first duly sworn says that he is the Uncle (Relationship of child)* of James Bertie Wheeler. born Oct 13—1896 (Date of birth) at Wardner (Sho Shone, Co) Idaho, whose certificate of birth is hereto attached, and that he desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said James Bertie Wheeler hereto attached are true and correct as stated therein, and that this birth has not been previously recorded.

Affiant further states that ..... M. D., was the Midwife medical attendant at the birth of said ..... and that the said medical attendant is Can Not Locate. (Now deceased (or) cannot be located)

Name of Affiant F. L. Wheeler

P. O. Address 2625 Ray Selma, Calif.

Subscribed and sworn to before me this 26th day of July 19 40

Melvin Wheeler
Notary Public.

Residing at Selma, Calif. ~~Idaho.~~

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

MAR 5 1942

155-219014-316

334828

United States
Department of Commerce
Bureau of the Census

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH

STATE OF IDAHO

FEB 28 1942

State File No.
Local Reg. No.
Reg. Dist. No.

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to STATE BUREAU OF VITAL STATISTICS, Boise, Idaho.

1. **PLACE OF BIRTH:**
   (a) County Canyon (b) City Nampa
   (c) Street Address or R.F.D. No. Rural
   (d) Name of Hospital of Maternity Home: at home
   (e) Mother's stay **BEFORE** delivery:
   In Hospital or Maternity Home ..... Days
   In **THIS** county 2 years 11 months 23 days

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
   (a) State Idaho (b) County Canyon
   (c) City Nampa
   (d) Street Address or R.F.D. No. Rural 3
   (e) How long has **MOTHER** lived in Idaho? ..... yrs.
   (f) Mother's mailing address (For registration notice):
   Nampa Idaho - Rural
   (Street or R.F.D.) (Postoffice)

3. **RESIDENCE OF FATHER** (city, state) Nampa Ida. R.

4. **FULL NAME OF CHILD** Myrtle agnes Aven

5. **DATE OF BIRTH** (Month, day, year) Dec 19 1896

6. Sex Female

7. Twin or Triplet x

If so—born 1st, 2nd, 3rd x

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Horace B. Aven

11. Color or Race white

12. Age at time of THIS birth 22 yrs.

13. Birthplace Ozark Missouri
(City or Town) (State or foreign country)

14. Exact Occupation Farmer

15. Industry Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Myrtle Fanny Lawing

17. Color or Race White

18. Age at time of THIS birth 22 yrs.

19. Birthplace Ozark Missouri
(City or Town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business Domestic

22. Name prophylactic used to prevent Ophthalmia Neonatorum Sol Ag. Nit.

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1
(c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was Alive (born alive, stillborn) at 3:30 P. M. on the date and at the place stated above, and that personal particulars were furnished by Horace B Aven (First name) (Last name), who is related to this child as Father (Mother, etc.)

25. Attendant's **OWN signature** J H Murray M.D. (D.O., Midwife, etc.)
and address Nampa Ida Date Feb 21-1942

26. (a) FEB 28 1942 (Date received) (b) Mabel [illegible] (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

MAR 5 1942

LOCAL REGISTRATION OF BIRTHS

SEC. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

SEC. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, *within* 10 *days after the date of birth;* and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make a proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at a less interval than 10 days after the birth, if so required by municipal ordinances of regulations now in force or that may hereafter be enacted.

SEC. 38-215 CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

SEC. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT

(Not for certified copies)

(To be used for Crippled Children, Maternal & Child Health work)

(a) Pregnancy: Complications of .....

.....

.....

(b) Labor: Complications: .....

.....

..... Induced? .....

.....

(c) State all operations for delivery .....

.....

.....

(d) Did baby have any:

(1) Congenital Malformation? .....

Describe: .....

(2) Birth Injury? .....

Describe: .....

(3) Was mother given a Wasserman before delivery?

Yes..... No..... Pos..... Neg.....

(e) Signature of Physician:

.....

363129 026962

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 334834
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Jefferson (b) City DuBois
(c) Street Address or R.F.D. No. P.O. Small
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery: IN THIS county 13 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County
(c) City Du Bois (P.O. Small)
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 13 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Hugh Nathaniel Colson

5. Date of Birth of Child (Month, day, year) Sept. 29, 1896

6. Sex Male

7. Twin or Triplet Single

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Hugh A'Dell Colson
11. Color or Race White
12. Age at time of THIS birth 41 yrs.
13. Birthplace Illinois (City or town) (State or foreign country)
14. Exact Occupation Rancher
15. Industry or Business Farming for self

MOTHER OF CHILD

16. FULL MAIDEN NAME Olive Jane Rose
17. Color or Race White
18. Age at time of THIS birth 30 yrs.
19. Birthplace Butler, Bates Co., Mo. (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Own home

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) 5 A. M. on the date and at the place stated above, and that personal particulars were furnished by Olive Jane Colson (First name) (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Oregon
County of Multnomah } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 75 years of age, that I have known this person for 45 years, and that Sarah E. Hardin (First name) (Last name), who attended this birth, is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Olive J Colson Signature
Rte. 2, Troutdale, Oregon P. O. Address

Subscribed and sworn to before me this 19th day of February, 1942

(SEAL) Notary Public for Oregon

My commission expires Jan. 19, 1943

Notary Public, residing at Gresham, Oregon.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 24 1942 by Mabel Steelhammer, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 4 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO FEB 20 1942

State File No. 334837
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Boise (b) City Garden Valley
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: None
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county 16 years 10 months 14 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Boise
   (c) City Garden Valley
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 16 yrs.

3. **RESIDENCE OF FATHER** (city, state) Same

4. **FULL NAME OF CHILD** Henry Weston DeMaris

5. Date of Birth of Child (Month, day, year) Dec. 2 1896

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Henry DeMaris
11. Color or Race White
12. Age at time of THIS birth 52 yrs.
13. Birthplace Illinois (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Jane Gibbs
17. Color or Race White
18. Age at time of THIS birth 26 yrs.
19. Birthplace Boise Co. Idaho (City or town) (State or foreign country)
20. Exact Occupation
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife ..... Address ..... Date .....

State of Idaho } ss.
County of Boise }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Uncle (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 75 years of age, that I have known this person for 45 years, and that W Warren J. Merrill (First name) (Last name), who attended this birth (Is now deceased) ~~or (Cannot be located)~~. I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Marion D Gibbs Signature
Placerville Idaho P. O. Address

Subscribed and sworn to before me this 18 day of Feby 1942.

(SEAL) J. L. Mahoney Notary Public, residing at Placerville Ida

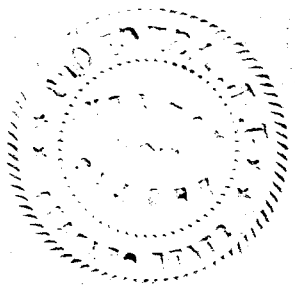
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 20 1942 by Mabel Nelson, Registrar.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



814-121-001-366

334859

334859

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

MAR 5 1942

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 334859
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Ada (b) City Boise
(c) Street Address or R F D No.
(d) Name of Hospital or Maternity Home: Born at home
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home.....days.
In **THIS** county.....years.....months.....days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Ada
(c) City Boise
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 4 yrs.
(f) Mother's mailing address Boise Idaho

3. **RESIDENCE OF FATHER** (city, state) Boise Idaho

4. **FULL NAME OF CHILD** Bryan Clifton Hammack

5. Date of Birth (Month, day, year) June 21, 1896

6. Sex Male

7. (Twin or Triplet) If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** John Thomas Hammack
11. Color or Race White
12. Age at time of THIS birth 36 yrs.
13. Birthplace Greenville (City or town) Texas (State or foreign country)
14. Exact Occupation Stage driver & mail
15. Industry or Business Carrier

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Amber Mable Cooley
17. Color or Race White
18. Age at time of THIS birth 28 years
19. Birthplace Edgewood (City or town) Illinois (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living
(c) Born alive and now dead none (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was (born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

26. (a) MAR 5 1942 (Date received) (b) Maud Felder (Registrar's signature)

27. Given name added on by (Registrar's signature)

25. Attendant's **OWN signature** M.D. or (D.O., Midwife, etc.)
and address Date

State of Idaho }
County of Ada } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Mary A. Luttrell, being first duly sworn, say that I am Related to (Related to (or) acquainted with) Bryan Clifton Hammack (Name of person on certificate above) as an older sister (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. L. C. Bowers (Name of attendant at birth), who attended said birth Is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Mary A. Luttrell Name
R F D Boise Idaho P. O. Address

Subscribed and sworn to before me on this 5th day of March 1942

(SEAL) Hazel Everett Notary Public, residing at Boise Idaho
My Commission expires July 25-1942

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 5 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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FEB 25 1942 334949

United States Department of Commerce Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH**
(a) County Latah (b) City Moscow
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county ..... years ..... month ..... days

2. **USUAL RESIDENCE of MOTHER** (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Moscow
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 5 yrs.
(f) Mother's mailing address Moscow

3. **RESIDENCE of FATHER** (city, state)

4. **FULL NAME OF CHILD** Glyde Bertell Way

5. Date of Birth (Month, day, year) Feb. 11 1896.

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy Term

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Thomas Sherman Way
11. Color or Race White
12. Age at time of THIS birth 29 yrs.
13. Birthplace Iowa (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Lora Ann Kinyon
17. Color or Race White
18. Age at time of THIS birth 28 yrs.
19. Birthplace Monroe, Wisconsin (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Own Home

22. Name prophylactic used to prevent Ophthalmia Neonatorum ----------

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2 (c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) 10:00 P.M. on the date and at the place stated above, and that personal particulars were furnished by Mary J. Corum (First name) (Last name), who is related to this child as aunt (Mother, etc.)

26. (a) ..... (Date received) (b) ..... (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature Mary J. Corum M.D. (D.O., Midwife, etc.) and address Clarkston Wn Date 2/13/42

State of Washington } ss.
County of Asotin }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Mary J. Corum, being first duly sworn, say that I am related to (Related to (or) acquainted with) Clyde Bertell Way (Name of person on certificate above) as Aunt (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ----------, who attended (Name of attendant at birth) said birth ---------- and that this birth **has not** been previously recorded.
(Is now deceased (or) cannot be located)

Mary J. Corum Signature

Clarkston, Washington P. O. Address

Subscribed and sworn to before me on this 13th day of February 1942

(SEAL) Edwin E. Staley Notary Public, residing at Clarkston Wn

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 6 - 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 334993
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Latah (b) City Troy
(c) Street Address or R.F.D. No. 4
(d) Name of Hospital or Maternity Home: Home Residence
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 29 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Troy
(d) Street Address or R.F.D. No. 4
(e) How long has **MOTHER** lived in Idaho? 42 yrs.

3. RESIDENCE OF FATHER (city, state) Troy Idaho.

4. FULL NAME OF CHILD Walter Ernest Anneberg.

5. Date of Birth of Child (Month, day, year) Sept 3. 1896.

6. Sex male.

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes.

FATHER OF CHILD

10. FULL NAME Martin Anneberg.
11. Color or Race white **12.** Age at time of THIS birth 38 yrs.
13. Birthplace Westfossen (City or town) Norway (State or foreign country)
14. Exact Occupation Farming.
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Mary Louise Anneberg.
17. Color or Race white **18.** Age at time of THIS birth 29 yrs.
19. Birthplace Auburn (City or town) Kansas. (State or foreign country)
20. Exact Occupation Home wife
21. Industry or Business

22. ~~Name~~ prophylactic used to prevent Ophthalmia Neonatorum none

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

State of Washington } ss.
County of Grays Harbor }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 50 years of age, that I have known this person for 45 years, and that Mrs. (First name) Hydell (Last name), who attended this birth, is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Clara Humphreys (Clara L Anneberg) Signature
1817 North 2nd St Aberdeen P. O. Address

Subscribed and sworn to before me this 26 day of Feb, 19 42

(SEAL) Irene Van Dyckle Notary Public, residing at Aberdeen

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 2 1942 by Mabel Fielder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 6 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

318-209 003 815

335089

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 335089
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or check.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bannock (b) City Pocatello
(c) Street Address or R.F.D. No. Author Ave.
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 9 years 7 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City Pocatello
(d) Street Address or R.F.D. No. Author Ave
(e) How long has **MOTHER** lived in Idaho? 11 yrs.

3. RESIDENCE OF FATHER (city, state) Same

4. FULL NAME OF CHILD Hazelle Marie Taylor

5. Date of Birth of Child (Month, day, year) 5-9-16

6. Sex Girl

7. Twin or Triplet Twins If so—born 1st, 2nd, 3rd 1st.

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Charles Taylor
11. Color or Race White
12. Age at time of THIS birth 26 yrs.
13. Birthplace Liverpool (City or town) England (State or foreign country)
14. Exact Occupation Finisher OSL
15. Industry or [redacted]

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Anna Marie {Hansen Holland (foster)}
17. Color or Race White
18. Age at time of THIS birth 20 yrs.
19. Birthplace Drammen (City or town) Norway (State or foreign country)
20. Exact Occupation House wife

22. Name prophylactic used to prevent Ophthalmia Neonatorum [redacted]
23. Number of children of this mother: (a) At time of birth and [redacted] 1st (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born Alive (Born alive, stillborn) at ..... M. on the date and at the place stated above and that personal particulars were furnished by Charles Taylor (First name) (Last name), who is related to this child as father (Mother, etc.)

25. Attendant's **OWN** signature Fannie Mosdjuers M.D. Midwife Address 235 2951 Date Feb 28

State of Utah
County of Weber } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 72 years of age, that I have known this person for 4 8 years, and that Dr Rooker (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Charles Taylor Signature
Ogden, R.F.D. 4 P. O. Address

Subscribed and sworn to before me this 28 day of Feb, 19 42.

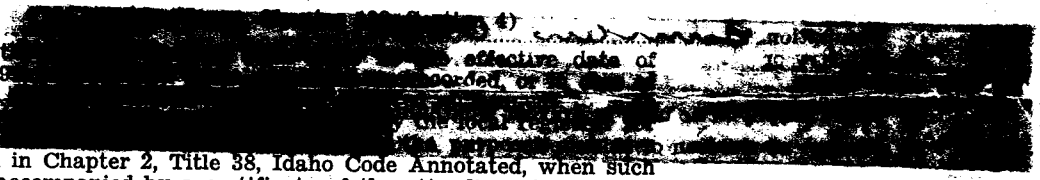
(SEAL) Walter Anderson Notary Public, residing at Ogden Utah

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Mar 7-1942 by Mabel H Eckles, Registrar.

MAR 23 1955

DELAYED REGISTRATION LAW



Where [illegible] effective date of [illegible] Chapter 19[illegible] failure to [illegible] date, such [illegible] record in [illegible] prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

449-705016-366

335106

United States Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

MAR 9 1942

State File No. 335106
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County CASSIA (b) City ALBION
   (c) Street Address or R.F.D. No. NONE
   (d) Name of Hospital or Maternity Home: FAMILY HOME
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county 12 years 0 months 0 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State IDAHO (b) County CASSIA
   (c) City ALBION
   (d) Street Address or R.F.D. No. NONE
   (e) How long has **MOTHER** lived in Idaho? 12 yrs.

3. **RESIDENCE OF FATHER** (city, state) ALBION

4. **FULL NAME OF CHILD** JAMES FREEMOND MURPHY

5. Date of Birth of Child (Month, day, year) Nov 5, 1896

6. Sex MALE

7. Twin or Triplet NO

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? YES

FATHER OF CHILD

10. **FULL NAME** ANDREW MURPHY
11. Color or Race WHITE
12. Age at time of THIS birth 47 yrs.
13. Birthplace UNKNOWN (City or town) (State or foreign country)
14. Exact Occupation FARMER
15. Industry or Business SAME

MOTHER OF CHILD

16. **FULL MAIDEN NAME** NELLIE ISABEL COOPER
17. Color or Race WHITE
18. Age at time of THIS birth 32 yrs.
19. Birthplace BINGHAM CANYON, UTAH (City or town) (State or foreign country)
20. Exact Occupation HOUSEWIFE
21. Industry or Business SAME

22. Name prophylactic used to prevent Ophthalmia Neonatorum UNKNOWN
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date (Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife ..... Address ..... Date .....

State of IDAHO } ss.
County of ADA }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the BROTHER (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 48 years of age, that I have known this person for 45 years, and that ..... STOREY, M.D. (First name) (Last name), who attended this birth IS NOW DECEASED (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Andrew Murphy Signature

RT #1 BOISE, IDAHO P. O. Address

Subscribed and sworn to before me this 9th day of MARCH, 1942

(SEAL) ..... Notary Public, residing at BOISE

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 9 1942 by Maud Field Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

State of Idaho } ss.
County of Ada

Certificate No.

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for James Freemond Murphy (Name on Original Certificate) who was born (Was Born or Died) on Nov. 5, 1896 (Date of Event)
in Albion, Cassia county, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Length of time I have known James Freemond Murphy	44 years	45 years

Subscribed and sworn to before me this 10th
day of March, 19 42.

Notary Public, residing at Boise

My commission expires March 5, 1946
(Seal)

Signed Andrew Murphy
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Route #1, Boise, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Ada

[This Affidivat MUST Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 10th
day of March, 19 42.

Notary Public, residing at Boise

My commission expires July 13 1942
(Seal)

Signed
(Signature of Any Credible Person Other Than Previous Year)

Idaho Building, Boise, Idaho
(Street Address, City, State)

318 / 31 004-253

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 335248
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bear Lake (b) City Montpelier
(c) Street Address or R.F.D. No. Idaho
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 9 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bear Lake
(c) City Montpelier, Idaho
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 59 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD George Leonard Layng

5. Date of Birth of Child (Month, day, year) Aug. 31, 1896

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Peter Joseph Layng
11. Color or Race White
12. Age at time of THIS birth 32 yrs.
13. Birthplace County Mayo (City or town) Ireland (State or foreign country)
14. Exact Occupation Rail Road Engineer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Mary Kelly
17. Color or Race White
18. Age at time of THIS birth 26 yrs.
19. Birthplace New York City (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

State of Idaho
County of Bannock } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 71 years of age, that I have known this person for 45 years, and that Dr. (First name) Hoover (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Peter J. Layng Signature
Pocatello, Ida 553 N. Arthur Ave. P. O. Address

Subscribed and sworn to before me this 24th day of February, 19 42

(SEAL) Clerk, District Court Notary Public, residing at Pocatello

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 26 1942 by ..... Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics; Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 10 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

419 III-003-289

335264

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO FEB 26 1942

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bannock (b) City Downey
(c) Street Address or R.F.D. No. RFD
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City Downey
(d) Street Address or R.F.D. No. RFD
(e) How long has **MOTHER** lived in Idaho? 17 yrs.

3. RESIDENCE OF FATHER (city, state) Downey, Idaho

4. FULL NAME OF CHILD VERE SINGLETON MONROE MARTIN

5. Date of Birth of Child (Month, day, year) May 11, 1896

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME David A. Monroe Martin
11. Color or Race White
12. Age at time of THIS birth 26 yrs.
13. Birthplace Providence, Utah (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Elena Agusta Byington
17. Color or Race White
18. Age at time of THIS birth 17 yrs.
19. Birthplace Downey, Idaho (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Bannock } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 71 years of age, that I have known this person for 45 years, and that Mrs Elena Wakley (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

David A Monroe Martin Signature

Lava Hot Springs, Idaho. P. O. Address

Subscribed and sworn to before me this 25th day of February, 19 42

(SEAL) Leslie M. Thiele Notary Public, residing at Pocatello, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 26 1942 by Mary F. Eden, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 10 1947

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

7/4/201 022-119

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 33530 3
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Freemont (b) City Victor
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: None At Home
(e) Mother's stay BEFORE delivery: IN THIS county 8 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Fremont.
(c) City Victor
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 11 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Audrey Lovina Paul ~~Smith~~

5. Date of Birth of Child (Month, day, year) 11-1-1896

6. Sex female

7. Twin or Triplet No

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy

9. Legitimate?

FATHER OF CHILD

10. FULL NAME William Henry Paul

11. Color or Race White

12. Age at time of THIS birth 39 yrs.

13. Birthplace Salt Lake City (City or town) Utah (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Lovina Ann Jarvis

17. Color or Race White

18. Age at time of THIS birth 32 yrs.

19. Birthplace Whiston Village (City or town) Engl[illegible] (State or foreign country)

20. Exact Occupation

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born Alive (Born alive, stillborn) at P. M. on the date and at the place stated above and that personal particulars were furnished by Lovina (First name) Paul (Last name), who is related to this child as Mother. (Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Utah. } ss.
County of Weber. }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother. (Mother, etc.) of the person whose name appears in Item 1, above, that I am now 77 years of age, that I have known this person for 46 years, and that Lovina (First name) Paul (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

268 Harrisville Rd. Ogden, Utah. Signature
Lovina Ann Paul P. O. Address

Subscribed and sworn to before me this 2nd day of March, 19 42.

(SEAL) E C Randall Notary Public, residing at Ogden, Utah.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) My commission expires Mar. 15, 1945

Received for filing on MAR 4 1942 by Mabel Fuller, Registrar.

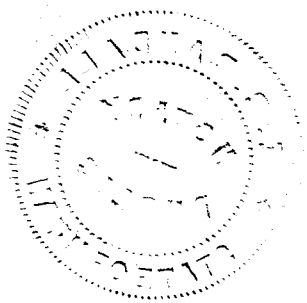
Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR - 0 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



619 109 028-419

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 335330
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Kootenai (b) City Bonners Ferry
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county 4 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Kootenai
   (c) City Bonners Ferry
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 22 yrs.

3. **RESIDENCE OF FATHER** (city, state) Bonners Ferry, Idaho

4. **FULL NAME OF CHILD** Edwin Rathael Farnam

5. Date of Birth of Child (Month, day, year) Jul 9, 1896

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Rathael Jud Farnam
11. Color or Race White
12. Age at time of THIS birth 27 yrs.
13. Birthplace Parue, Nebr. (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Emma Lodicy Marsh
17. Color or Race White
18. Age at time of THIS birth 24 yrs.
19. Birthplace La Grande, Oregon. (City or town) (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Oregon } ss.
County of Douglas }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 75 years of age, that I have known this person for 45 years, and that Mrs. Mc Williams (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Rathael Jud Farnam Signature

Copeland, Idaho. P. O. Address

Subscribed and sworn to before me this 20th day of February, 19 42.

(SEAL) Lowell Curtis Notary Public, residing at Azalea, Oreg.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated) My commission expires Mar. 28 1944

Received for filing on MAR 5 1942 by Mabel Fuller, Registrar.

APR 19 1961

MAY 9 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

219-204-040-299

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 335334
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Shoshone (b) City Kellogg
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at residence of parents
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 5 years 5 months 4 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Shoshone
(c) City Kellogg
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 5 yrs.

3. **RESIDENCE OF FATHER** (city, state) Kellogg, Idaho

4. **FULL NAME OF CHILD** Frances Orley Bailey

5. Date of Birth of Child (Month, day, year) Sept. 4, 1896

6. Sex female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Harry Clinton Bailey
11. Color or Race white
12. Age at time of THIS birth 31 yrs.
13. Birthplace Minnesota (City or town) (State or foreign country)
14. Exact Occupation School teacher
15. Industry or Business and merchant

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Emilie Dorathea Kirsch
17. Color or Race white
18. Age at time of THIS birth 27 yrs.
19. Birthplace Read's Landing, Minnesota (City or town) (State or foreign country)
20. Exact Occupation School teacher and
21. ~~Industry or Business~~ house-wife

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of California } ss.
County of Alameda }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 72 years of age, that I have known this person for 45 years, and that Dr. Frank (First name) (Last name), who attended this birth is deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Emilie Dorathea Bailey Aiko Signature
370 Belmont St. Oakland Calif. P. O. Address

Subscribed and sworn to before me this 17th day of February, 1942

(SEAL) Lottie Cotton Notary Public, residing at Oakland

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 5 1942 by Mabel Hedden, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 10 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

314-114-006-533

335339

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bingham (b) City Idaho Falls
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 10 years 9 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bingham
(c) City Idaho Falls
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 17 yrs.

3. RESIDENCE OF FATHER (city, state) Idaho Falls,

4. FULL NAME OF CHILD John Acy Campbell, Jr.

5. Date of Birth of Child (Month, day, year) Nov. 14, 1896

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME John Acy Campbell
11. Color or Race White
12. Age at time of THIS birth 28 yrs.
13. Birthplace Hyrum, Utah (City or town) (State or foreign country)
14. Exact Occupation Carpenter
15. Industry or Business Building

MOTHER OF CHILD

16. FULL MAIDEN NAME Lillie Rosebud Ellis
17. Color or Race White
18. Age at time of THIS birth 20 yrs.
19. Birthplace Corinne, Utah (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of California
County of San Diego } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Aunt (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 56 years of age, that I have known this person for 45 years, and that Dr. LaRue (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Florian Simpkins Signature

2306 San Fernando Rd., Los Angeles, Cal. P. O. Address

Subscribed and sworn to before me this 22 day of February, 1942

(SEAL) D.P. Guy Notary Public, residing at National City

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 26 1942 by [signature], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 10 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

493.1281 125-215

FEB 27 1942 335405

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 335405
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH:
(a) County Idaho (b) City Denver
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home days.
In THIS county 6 years — month — days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State Idaho (b) County Idaho
(c) City Denver
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 6 yrs.
(f) Mother's mailing address Long Beach Calif
3. RESIDENCE of FATHER (city, state). Deceased

4. FULL NAME OF CHILD Chester Charles Miller
5. Date of Birth (Month, day, year) 1- 28- 1896
6. Sex Male
7. Twin or Triplet
If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy
9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Charles William Miller
11. Color or Race white
12. Age at time of THIS birth 36 yrs.
13. Birthplace Oreogon (City or town) (State or foreign country)
14. Exact Occupation Blacksmith
15. Industry or Business Blacksmith

MOTHER OF CHILD

16. FULL MAIDEN NAME Mary J.Sanders
17. Color or Race white
18. Age at time of THIS birth 30 yrs.
19. Birthplace Salem (City or town) Oreogan (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Hwk.

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2 (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (born alive, stillborn) at 2 A M. on the date and at the place stated above, and that personal particulars were furnished by Mary J.Casey (First name) (Last name), who is related to this child as Mother (Mother, etc.)

26. (a) (Date received) (b) (Registrar's signature)

27. Given name added on by (Registrar's signature)

25. Attendant's OWN signature Mary J Casey MD (Midwife, etc.)
and address Date

State of California
County of Los Angeles } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Mary J. Casey, being first duly sworn, say that I am the Mother (Related to (or) acquainted with) Chester Charles Miller (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Shawley (Name of attendant at birth), who attended said birth Deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Mary J Casey Signature
1277 St. Louis ave Long Beach Calif Address

Subscribed and sworn to before me on this 25 day of February, 19 42

(SEAL) Edward L Bryan Notary Public, residing at Long Beach Calif

My Commission Expires July 25, 1944

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 11 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

313-285-029-751

335483

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Latah (b) City Troy
   (c) Street Address or R.F.D. No. 2
   (d) Name of Hospital or Maternity Home: Home
   (e) Mother's stay **BEFORE** delivery: **IN THIS** county 8 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Latah
   (c) City Troy
   (d) Street Address or R.F.D. No. 2
   (e) How long has **MOTHER** lived in Idaho? 9 yrs.

3. **RESIDENCE OF FATHER** (city, state) Troy Idaho

4. **FULL NAME OF CHILD** Cornelia Christina Calen

5. Date of Birth of Child (Month, day, year) 2-25-1896

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** John Calen
11. Color or Race White
12. Age at time of THIS birth 41 yrs.
13. Birthplace Lekvatten (City or town) Sweden (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Inga Marie Pearson
17. Color or Race White
18. Age at time of THIS birth 29 yrs.
19. Birthplace Fernsland (City or town) Sweden (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

State of Idaho } ss.
County of Latah }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4 above, that I am now 86 years of age, that I have known this person for 46 years, and that Mrs. Peter Hodal (First name) (Last name), who attended this birth, Is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

John W. Calen Signature

Troy Ida. P. O. Address

Subscribed and sworn to before me this 28 day of February, 1942

(SEAL) Notary Public, residing at Troy Ida.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 28 1942 by ..... Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 1 2 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

2-5-110-035-962

335506

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County NezPerce (b) City Lewiston
(c) Street Address or R.F.D. No. RFD
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Nez Perce
(c) City Lewiston
(d) Street Address or R.F.D. No. Rural
(e) How long has **MOTHER** lived in Idaho? 7 yrs.

3. RESIDENCE OF FATHER (city, state) Lewiston, Idaho

4. FULL NAME OF CHILD Willie Valdes Keele

5. Date of Birth of Child (Month, day, year) Feb. 10, 1896

6. Sex male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Frances Marion Keele
11. Color or Race white **12.** Age at time of THIS birth 24 yrs.
13. Birthplace ? (City or town) Missouri (State or foreign country)
14. Exact Occupation Butcher
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Grace Gertrude Robinson
17. Color or Race white **18.** Age at time of THIS birth 17 yrs.
19. Birthplace Ada (City or town) Kansas (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Boric acid

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 0

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date ____ and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

State of Idaho } ss.
County of Canyon }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 62 years of age, that I have known this person for Since birth years, and that Willie Valdes Keele (First name) (Last name), who attended this birth now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 138, 1937 Session Laws.

Grace Gertrude Robinson Keele — Signature

104 Derry St., Caldwell, Idaho — P. O. Address

Subscribed and sworn to before me this 27th day of February, 19 42.

(SEAL) Emma E. Thompson — Notary Public, residing at Caldwell, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 28 1942 by Mary E. Keele, Registrar.

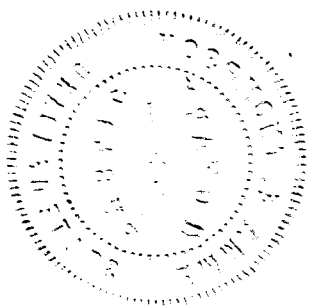
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 1 1 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



912 - 10 - 019 - 431

335567

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Custer (b) City
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Residence
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Custer
(c) City Near Darlington
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 11 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Francis Peter Rabideau

5. Date of Birth of Child (Month, day, year) Jan 1, 1896

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Joseph Rabideau

11. Color or Race White

12. Age at time of THIS birth 46 yrs.

13. Birthplace Montreal (City or town) Canada (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Mary Abigal McAndrews

17. Color or Race White

18. Age at time of THIS birth 21 yrs.

19. Birthplace Phillipsburg (City or town) Montana (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of California } ss.
County of Alameda }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 67 years of age, that I have known this person for years, and that Mrs. William J Harris (First name) (Last name), who attended this birth as now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary Abegail Rabideau Signature

1959 34th Ave P. O. Address

Subscribed and sworn to before me this 6th day of February, 1942

(SEAL) Helen B. Palmer Notary Public, residing at Oakland, Calif.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 3 1942 by [illegible] Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the ~~local~~ registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

794-129-001-533

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 335617
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Ada (b) City Boise Idaho
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 3 years — months — days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State (b) County
(c) City
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD RAYMOND ELMER PRUITT

5. Date of Birth of Child (Month, day, year) Aug 29. 1896

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy

9. Legitimate?

FATHER OF CHILD

10. FULL NAME Moses L. Pruitt

11. Color or Race Anglo Saxon **12.** Age at time of THIS birth 29 yrs.

13. Birthplace Pierce Cnty (City or town) Nebraska (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Anna Elliott

17. Color or Race Anglo Saxon **18.** Age at time of THIS birth 30 yrs.

19. Birthplace Baker (City or town) Oregon (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of California } ss.
County of Yolo }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 76 years of age, that I have known this person for 46 years, and that Stella Goos (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Anna Pruitt Signature
Woodland California P. O. Address

Subscribed and sworn to before me this 19 day of February, 1942.

(SEAL) Bradley J. Hopkins Notary Public, residing at Woodland Cal

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Notary Public in and for the County of Yolo, State of California.

Received for filing on FEB 27 1942 by , Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

2 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, ~~1911 Session Laws, has not been~~ recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

363-22-5044-914

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH FEB 13 1942
STATE OF IDAHO

State File No. 335643
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Wash (b) City Salubria
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Wash
(c) City Salubria
(d) Street Address or R.F.D. No. 3
(e) How long has **MOTHER** lived in Idaho? 17 yrs.

3. **RESIDENCE OF FATHER** (city, state) Idaho

4. **FULL NAME OF CHILD** Bessie Ellen Colson

5. Date of Birth of Child (Month, day, year) April 25-1896

6. Sex female

7. Twin or Triplet no

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Frank Colson
11. Color or Race White
12. Age at time of THIS birth 32 yrs.
13. Birthplace Boise (City or town) Idaho (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Clara Elizabeth Rambo
17. Color or Race White
18. Age at time of THIS birth 29 yrs.
19. Birthplace Summerville (City or town) Oregon (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Elmore } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 73 years of age, that I have known this person for 45 years, and that Dr. Samuel M. Reynolds (First name) (Last name), who attended this birth, is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Clara Elizabeth Colson Signature
Mountain Home, Idaho. P.O. Address

Subscribed and sworn to before me this 10th day of February, 1942.
(SEAL) O. C. Reed Notary Public, residing at Mtn. Home, Idaho.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 13 1942 by Mary Zeller, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 1 1955

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

3 86-119-035-819

335687

United States Department of Commerce Bureau of the Census

Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

FEB 16 1942

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Nez Perce (b) City Grangeville
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Nez Perce
(c) City Grangeville
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Robert Shelby Thornton

5. Date of Birth of Child (Month, day, year) Nov 19 1896

6. Sex Male **7.** Twin or Triplet **If so—born** 1st, 2nd, 3rd **8.** No. months of Pregnacy **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Andrew Jackson Thornton
11. Color or Race White **12.** Age at time of THIS birth 31 yrs.
13. Birthplace Laddonia, Missouri (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Own Farm

MOTHER OF CHILD

16. FULL MAIDEN NAME Eliza Mae Harvey
17. Color or Race White **18.** Age at time of THIS birth 29 yrs.
19. Birthplace Montgomery Co., Missouri (City or town) (State or foreign country)
20. Exact Occupation Housework
21. Industry or Business Own Home

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Alive (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho } ss.
County of Nez Perce }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4 above, that I am now 24 years of age, that I have known this person for 45 years, and that No Physician was present, who ~~attended this~~ birth attendance (First name) (Last name) (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Eliza M Thornton Signature
1140 - Idaho St. Lewiston Idaho Address

Subscribed and sworn to before me this 13 day of February, 1942.

(SEAL) Ruth Reinecke Notary Public, residing at Lewiston Idaho.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 16 1942 by [illegible] Registrar.

MAR 16 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

389-130-029419

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 335692
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County LATAH (b) City MOSCOW
(c) Street Address or R.F.D. No. 210 ELM ST.
(d) Name of Hospital or Maternity Home: HOME
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 2 years 3 months 3 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State IDAHO (b) County LATAH
(c) City MOSCOW
(d) Street Address or R.F.D. No. 210 ELM ST.
(e) How long has **MOTHER** lived in Idaho? 6 yrs.

3. RESIDENCE OF FATHER (city, state) MOSCOW IDA.

4. FULL NAME OF CHILD LLOYD FRANCIS CHILDERS

5. Date of Birth of Child (Month, day, year) OCT. 30-1896

6. Sex MALE

7. Twin or Triplet NO

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 7½

9. Legitimate? YES

FATHER OF CHILD

10. FULL NAME GRANT ASHBY CHILDERS
11. Color or Race WHITE
12. Age at time of THIS birth 27 yrs.
13. Birthplace CHAMPOEG (City or town) OREGON (State or foreign country)
14. Exact Occupation OPERATED LIVERY STABLE
15. Industry or Business BUSINESS

MOTHER OF CHILD

16. FULL MAIDEN NAME CORA ELIZABETH DARBY
17. Color or Race WHITE
18. Age at time of THIS birth 23 yrs.
19. Birthplace WOODLAND (City or town) CALIF. (State or foreign country)
20. Exact Occupation HOUSEWIFE
21. Industry or Business NONE

22. Name prophylactic used to prevent Ophthalmia Neonatorum ARGEROL

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ALIVE (Born alive, stillborn) at 7:30 A M. on the date and at the place stated above, and that personal particulars were furnished by CORA (First name) CHILDERS (Last name), who is related to this child as MOTHER (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife Address ____ Date ____

State of OREGON
County of MULTNOMAH } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the MOTHER (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 68 years of age, that I have known this person for 45 years, and that DOCTOR (First name) RODAIR (Last name), who attended this birth CANNOT BE LOCATED (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature: Laura E. Patterson
P. O. Address: PORTLAND OREGON

Subscribed and sworn to before me this 28 day of Feb., 1942

(SEAL) A. E. Delaroure Notary Public residing at Portland Ore.

NOTARY PUBLIC FOR OREGON
MY COMMISSION EXPIRES JULY 31, 1945

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 2 1942 by ____, Registrar.

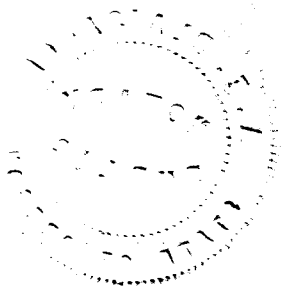
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 13 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



255-107-028-893

335694

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Kootenai (b) City Post Falls
(c) Street Address or R.F.D. No. None
(d) Name of Hospital or Maternity Home: None
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 5 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Kootenai
(c) City Post Falls
(d) Street Address or R.F.D. No. None
(e) How long has **MOTHER** lived in Idaho? 5 yrs.

3. **RESIDENCE OF FATHER** (city, state) Post Falls, Idaho

4. **FULL NAME OF CHILD** Cecil Hilts Bennett

5. Date of Birth of Child (Month, day, year) Oct. 3, 1896.

6. Sex male

7. Twin or Triplet No. If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy Not known

9. Legitimate? Yes.

FATHER OF CHILD

10. **FULL NAME** Scott Ethelbert Bennett
11. Color or Race White
12. Age at time of THIS birth 29 yrs.
13. Birthplace Augusta, (City or town) Wisconsin (State or foreign country)
14. Exact Occupation Miller
15. Industry or Business Flour Mills

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Sarah Anna Hilts
17. Color or Race White
18. Age at time of THIS birth 25 yrs.
19. Birthplace Augusta, (City or town) WISCONSIN. (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Homemaking

22. Name prophylactic used to prevent Ophthalmia Neonatorum Not known.

23. Number of children of this mother: (a) At time of birth and including this child 3. (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

State of Wisconsin } ss.
County of Eau Claire }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 50 years of age, that I have known this person for 45 years, and that Doctor (First name) Wenz (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Vera L. Brower Signature
Route 2, Augusta, Wis. P. O. Address

Subscribed and sworn to before me this 27th day of Feb., 1942.

(SEAL) D. V. Lampman Notary Public, residing at Eau Claire Wis

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914 Idaho Code Annotated.) My commission expires 7-11-43

Received for filing on MAR 2 1942 by Mabel Keefer, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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693-126-006-693

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 335733
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bingham Jefferson (b) City Blackfoot
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: none
(e) Mother's stay BEFORE delivery: IN THIS county no years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bingham
(c) City near Blackfoot,
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 39 yrs.

3. RESIDENCE OF FATHER (city, state) Blackfoot, Idaho

4. FULL NAME OF CHILD William Bryan Williams

5. Date of Birth of Child (Month, day, year) Sept 26, 1896.

6. Sex male **7.** Twin or Triplet single If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME Mesach L. Williams
11. Color or Race white **12.** Age at time of THIS birth 39 yrs.
13. Birthplace Salt Lake City, Utah (City or town) (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business farmer

MOTHER OF CHILD

16. FULL MAIDEN NAME Rebecca Williams.
17. Color or Race white **18.** Age at time of THIS birth 39 yrs.
19. Birthplace West Virginia. (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business housewife.

22. Name prophylactic used to prevent Ophthalmia Neonatorum none used

23. Number of children of this mother: (a) At time of birth and including this child 9 (b) Born alive and now living 9

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's OWN signature ..... M.D. Midwife Address ..... Date .....

State of Idaho
County of Jefferson } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the older sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 59 years of age, that I have known this person for 45 years, and that Mrs. Thos Bithell (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Martha Williams Stock Signature
Rigby, Idaho. P. O. Address

Subscribed and sworn to before me this 6 day of March, 19 42

(SEAL) Basil E. Blackmore Notary Public, residing at Rigby, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 10 1942 by Mark Heller, Registrar.

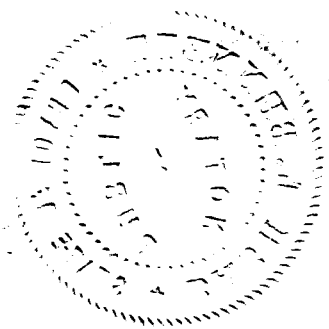
Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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812-101-010-233

335773

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

MAR 2 1942

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Bonneville (b) City Idaho Falls
(c) Street Address or R.F.D.No. Water Ave.
(d) Name of Hospital or Maternity Home: —
(e) Mother's stay BEFORE delivery: Home —
In Hosp. or Mat. Home — days.
IN THIS county 2 years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Bonneville
(c) City Idaho Falls
(d) Street Address or R.F.D.No. Water Ave.
(e) How long has MOTHER lived in Idaho? 3 yrs.
(f) Mother's mailing address Idaho Falls, Idaho

3. RESIDENCE of FATHER (city, state) Idaho Falls Ida.

4. FULL NAME OF CHILD Clency Herman Hasbrouck —

5. Date of Birth (Month, day year) April 1 - 1896

6. Sex Male — 7. Twin or Triplet — If so—born 1st, 2nd, 3rd — 8. No. months of Pregnancy 9 — 9. Legitimate? Yes.

FATHER OF CHILD

10. FULL NAME Herman Jacob Hasbrouck
11. Color or Race White
12. Age at time of THIS birth 33 yrs.
13. Birthplace Highland (City or town) New York (State or foreign country) —
14. Exact Occupation Lawyer —
15. Industry or Business —

MOTHER OF CHILD

16. FULL MAIDEN NAME Laura Nella St. Clair —
17. Color or Race White —
18. Age at time of THIS birth 27 yrs
19. Birthplace Benton (City or town) Iowa (State or foreign country) —
20. Exact Occupation Housekeeper
21. Industry or Business —

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2
(c) Born alive and now dead none (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was (born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

26. (a) (Date received) (b) Mabel K. Eldredge (Registrar's signature)

27. Given name added on by (Registrar's signature)

25. Attendant's OWN signature M.D. (D.O., Midwife, etc.)
and address Date

State of CALIFORNIA
County of LOS ANGELES } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED. H.B.

I Laura Nella Hasbrouck, being first duly sworn, say that I am the Mother RELATED (Related to (or) acquainted with) TO CLENCY HERMAN HASBROUCK as MOTHER (Name of person on certificate above) (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that the Dr. & nurse (Name of attendant at birth) who attended said birth an nondeceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

MAR 2 1942 Laura Nella Hasbrouck Signature

3120 Menlo Dr. Glendale Calif. P. O. Address

Subscribed and sworn to before me on this 20TH day of FEBRUARY, 1942

(SEAL) Helen Burland Notary Public, residing at GLENDALE, CALIF.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1942.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

418-114-016-571

335857

335857

United States Department of Commerce Bureau of the Census

MAR 14 1942

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 335857
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County CASSIA (b) City BASIN
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: HOME
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county 16 years – months – days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State IDAHO (b) County CASSIA
   (c) City BASIN
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 16 yrs.

3. **RESIDENCE OF FATHER** (city, state) DECEASED

4. **FULL NAME OF CHILD** JAMES HIRAM DAYLEY

5. Date of Birth of Child (Month, day, year) OCT. 14. 1896

6. Sex BOY

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? YES

FATHER OF CHILD

10. **FULL NAME** JOSEPH H. DAYLEY
11. Color or Race AMERICAN
12. Age at time of THIS birth 27 yrs.
13. Birthplace GRANTSVILLE (City or town) UTAH (State or foreign country)
14. Exact Occupation FARMER
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** EMILY THERESA Egan
17. Color or Race AMERICAN
18. Age at time of THIS birth 21 yrs.
19. Birthplace DEEP CREEK, UTAH (City or town) (State or foreign country)
20. Exact Occupation HOUSE WIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 10

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date (Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date

State of Idaho } ss.
County of Ada }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 47 years of age, that I have known this person for 44 years, and that Jannett Dayley (First name) (Last name), who attended this birth Now deceased (Is how deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Theresa Dayley ..... Signature

..... P. O. Address

Subscribed and sworn to before me this 13th day of March, 19 42

(SEAL) Marion E. Rose ..... Notary Public, residing at Boise, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 14 1942 by Mary F. Eby, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 5 1973

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

819-230009-533

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 335935
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County (b) City Bonner Ferry
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At Home
(e) Mother's stay BEFORE delivery: IN THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County
(c) City Bonner Ferry
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Helen Loretta Harper

5. Date of Birth of Child (Month, day, year) Sept 30 1896

6. Sex Female **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Eli Franklin Harper
11. Color or Race White **12.** Age at time of THIS birth 40 yrs.
13. Birthplace (City or town) (State or foreign country)
14. Exact Occupation deceased
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Helen Sara Ellsworth
17. Color or Race White **18.** Age at time of THIS birth 24 yrs.
19. Birthplace Kansas (City or town) California (State or foreign country)
20. Exact Occupation deceased
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living Yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho } ss.
County of Nez Perce }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 48 years of age, that I have known this person for 45 years, and that Mrs Lew Earlenwine (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Marie Riggins Signature
1324-16th St. Lewiston, Idaho P. O. Address

Subscribed and sworn to before me this 26th day of February, 1942.
(SEAL) Mary Howard Notary Public, residing at Lewiston, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 2 1942 by Mary Howard, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 1 6 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

619-200-04:-219

United States Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

FEB 27 1942

State File No. 336017
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH**
(a) County Teton (b) City Clawson
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Born at Home
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home ____ days.
IN **THIS** county 1 years month days

2. **USUAL RESIDENCE of MOTHER** (At time of this birth)
(a) State Idaho (b) County Teton
(c) City Clawson
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 12 yrs.
(f) Mother's mailing address Clawson, Idaho

3. **RESIDENCE of FATHER** (city, state) Clawson,

4. **FULL NAME OF CHILD** Mary Marie Fairchild

5. Date of Birth (Month, day, year)

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** John William Fairchild
11. Color or Race White
12. Age at time of THIS birth 27 yrs.
13. Birthplace Boomvill, Missouri (City or town) (State or foreign country)
14. Exact Occupation Sheephearder
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Murtie Levercie Barney
17. Color or Race White
18. Age at time of THIS birth 19 yrs.
19. Birthplace Spring City, Utah (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living yes (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

26. (a) ____ (Date received) (b) Mabel H Eccles (Registrar's signature)

27. Given name added on ____ by ____ (Registrar's signature)

25. Attendant's **OWN signature** ____ M.D. (D.O., Midwife, etc.)
and address ____ Date

State of Utah }
County of Sanpete } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, John W Fairchild, being first duly sworn, say that I am related (Related to (or) acquainted with) Mary Marie Fairchild (Name of person on certificate above) as father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ____ (Name of attendant at birth), who attended said birth deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

John W Fairchild Signature

Moroni Utah P. O. Address

Subscribed and sworn to before me on this 6 day of July 1942

(SEAL)

Leon L Seegmiller Notary Public, residing at Manti Utah

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 16 1942

FIRST CHILD MAY BE BORN 1897 - 1898

REPORTED SIBLINGS BORN 1899-1904

PARENTS MARRIED 1896

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DELAYED

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

NO YEAR OF BIRTH KEY! 1896

DELAYED

493 206-006843 336103

336103

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 336103
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bingham (b) City Shelley
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bingham
   (c) City Shelley
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 47 yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Mary Evelyn Mitchell

5. Date of Birth of Child (Month, day, year) 11-6-1896

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** John Henry Mitchell
11. Color or Race White
12. Age at time of THIS birth 24 yrs.
13. Birthplace Hooper (City or town) Utah (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Elizabeth Ann Hull
17. Color or Race White
18. Age at time of THIS birth 19 yrs.
19. Birthplace Hooper (City or town) Utah (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living Yes.

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife ..... Address ..... Date .....

State of Idaho } ss.
County of Bingham }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that Christina Huband (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Elizabeth A Mitchell Signature

Shelley Idaho P. O. Address

Subscribed and sworn to before me this 3rd day of Mar., 1942

(SEAL) M. L. Hirst, Justice of the Peace Notary Public, residing at Shelley

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 14 1942 by Maud F Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 16 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

259-118 001 818

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MAR 17 1942

336119

United States Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 336119
Local Reg. No.
Reg. Dist. No.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Ada (b) City Star
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: none
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County ada
(c) City Star
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 5 yrs.

3. RESIDENCE OF FATHER (city, state) Star Idaho

4. FULL NAME OF CHILD Oscar Willis Keith

5. Date of Birth of Child (Month, day, year) Sept. 18, 1896

6. Sex Male

7. Twin or ~~Triplet~~ ~~xxxx~~

If so—born 1st, 2nd, 3rd 1st

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Rufus Wilson Keith
11. Color or Race white
12. Age at time of THIS birth 41 yrs.
13. Birthplace Polk County (City or town) Missouri (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Nancy Catheryn Hayden
17. Color or Race white
18. Age at time of THIS birth 42 yrs.
19. Birthplace Bowling Green, KY (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature [signature] M.D. Midwife Address [illegible] Date 3-18-42

State of ..... } ss.
County of ..... }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature

..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on ..... by Mary Teed, Registrar.

MAR 17 1942

MAR 17 1942

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DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

259-18 001-818 336120 336120

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

MAR 17 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 336120
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Ada (b) City Star
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: none
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Star
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 5 yrs.

3. RESIDENCE OF FATHER (city, state) Star Idaho

4. FULL NAME OF CHILD James Edgar Keith III

5. Date of Birth of Child (Month, day, year) Sept. 18, 1896

6. Sex male

7. Twin or ~~Triplet~~

If so—born 1st, 2nd, 3rd 2nd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Rufus Wilson Keith
11. Color or Race white
12. Age at time of THIS birth 41 yrs.
13. Birthplace Polk Co. (City or town) Missouri (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Nancy Catherine Hayden
17. Color or Race white
18. Age at time of THIS birth 42 yrs.
19. Birthplace Bowling Green, Ky. (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature C. M. Hill MD M.D. Midwife Address Meridian Ida Date 3-18-42

State of ..... } ss.
County of ..... }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature

..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 17 1942 by Mabel E Elder, Registrar.

MAR 17 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

243-218 014-294

336208

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Canyon (b) City Middleton
(c) Street Address or R.F.D. No. ~
(d) Name of Hospital or Maternity Home: Res-
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 4 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Canyon
(c) City Middleton
(d) Street Address or R.F.D. No. —
(e) How long has **MOTHER** lived in Idaho? 4 yrs.

3. **RESIDENCE OF FATHER** (city, state) same

4. **FULL NAME OF CHILD** Gracey Arvney Sutton

5. Date of Birth of Child (Month, day, year) May 18, 1896

6. Sex female

7. ~~Twin~~ or Triplet no If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Harvey W Sutton
11. Color or Race White
12. Age at time of THIS birth 36 yrs.
13. Birthplace Samuel Tennessee (City or town) (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Margaret May Temple
17. Color or Race W
18. Age at time of THIS birth 30 yrs.
19. Birthplace Bridgeport — Connecticut (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by Harvey W. Sutton (First name) (Last name), who is related to this child as father (Mother, etc.)

25. Attendant's **OWN** signature Deceased — M.D. Midwife Address Date

State of ..... } ss.
County of ..... }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 81 years of age, that I have known this person for 45 years, and that Mrs Victoria M W (First name) (Last name), who attended this birth was Deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Harvey W Sutton ..... Signature
R 2 Box 1 Ballwood Dr El Monte Calif ..... P. O. Address

Subscribed and sworn to before me this 2 day of March, 1942

(SEAL) My Commission Expires October 29, 1944 ..... Notary Public, residing at El Monte, Calif

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 6 1942 by ..... Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 1 6 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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619 206 022 962

336218

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Fremont (b) City St. Anthony #1
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City St. Anthony #1
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 35 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Marian Josephine Wardell

5. Date of Birth of Child (Month, day, year) May 6, 1896

6. Sex female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME John Wardell
11. Color or Race white
12. Age at time of THIS birth 44 yrs.
13. Birthplace Utah (City or town) (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Aurelia Minerva Rose
17. Color or Race white
18. Age at time of THIS birth 43 yrs.
19. Birthplace (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 13. (b) Born alive and now living 9

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Fremont } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the half-brother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for 46 years, and that midwife (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

A. W. Rose Sr.
Signature
St. Anthony, Ida.
P. O. Address

Subscribed and sworn to before me this 2 day of March, 1942

(SEAL) Kathryn Griffin Deputy Clerk of District Court, Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 12 1942 by Mabel Weeks, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 1 6 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

613-123-022-693

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 336277
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Fremont (b) City Rexburg Idaho
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City Rexburg
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 3 yrs.

3. RESIDENCE OF FATHER (city, state) Rexburg Idaho

4. FULL NAME OF CHILD Alfonzo Watson

5. Date of Birth of Child (Month, day, year) 23 July 1896

6. Sex Male **7.** Twin or Triplet **If so—born** 1st, 2nd, 3rd **8.** No. months of Pregnacy **9.** Legitimate?

FATHER OF CHILD

10. FULL NAME Hyrum Cliff Watson Jr.
11. Color or Race White **12.** Age at time of THIS birth 43 yrs.
13. Birthplace Salt Lake City (City or town) Utah (State or foreign country)
14. Exact Occupation Laborer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Addie Jane Wildmon
17. Color or Race White **18.** Age at time of THIS birth 42 yrs.
19. Birthplace Ashfield Canada (City or town) (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. ~~Name prophylactic~~ used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Utah } ss.
County of Cache }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 53 years of age, that I have known this person for 45 years, and that Mrs (First name) Walsh (Last name), who attended this birth Is now diseased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Addie Chambers Signature
Smithfield Utah. P. O. Address

Subscribed and sworn to before me this 12 day of March, 19 42

(SEAL) Geo. D. Nelson Notary Public, residing at Smithfield Utah

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 13 1942 by Mabel W. Nelson, Registrar.

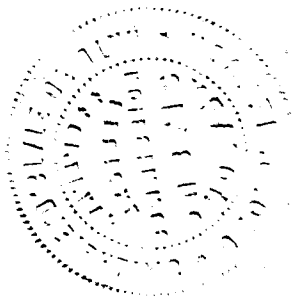
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 17 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



391-202 028 968

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 336343
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Kootenai (b) City Rathdrum
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 3 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Kootenai
(c) City Rathdrum
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 13 yrs.

3. **RESIDENCE OF FATHER** (city, state) Rathdrum, Ida

4. **FULL NAME OF CHILD** Berniece Ethel Travis

5. Date of Birth of Child (Month, day, year) Aug. 2-1896

6. Sex female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Oscar Charles Travis
11. Color or Race White
12. Age at time of THIS birth 23 yrs.
13. Birthplace Wisconsin (City or town) (State or foreign country)
14. Exact Occupation carpenter
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ina Mona Royce
17. Color or Race White
18. Age at time of THIS birth 22 yrs.
19. Birthplace Fairfield - Nebraska (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, ~~stillborn~~) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Washington } ss.
County of Spokane }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the aunt (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 45 years of age, that I have known this person for since birth years, and that Dr. Wenz (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, ~~1937~~ Session Laws.

Lenna M. Royce Signature
M4905 Market St. - Spokane, Wash. P. O. Address

Subscribed and sworn to before me this 12th day of March, 1942

(SEAL) George Elmer Brown Notary Public, residing at Spokane, Wash.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 14 1942 by Mabel H. Fuller, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

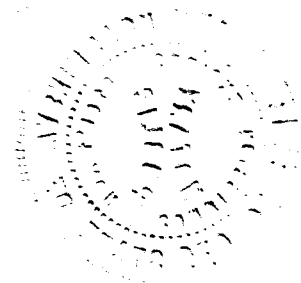
MAR 18 1942

APR 2 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

465 12016867

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 336378
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Casia (b) City Ro[illegible]ek
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: No hospital
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 1896 years 12 months 20 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idahoan (b) County Casia
(c) City Rockcreeke
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 10 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Thomas Dove

5. Date of Birth of Child (Month, day, year) Dec. 20. 1896

6. Sex

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy

9. Legitimate?

FATHER OF CHILD

10. FULL NAME William Henry Dove
11. Color or Race White **12.** Age at time of THIS birth 34 yrs.
13. Birthplace Ill. (City or town) (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business Farming

MOTHER OF CHILD

16. FULL MAIDEN NAME Mary Melissa Hopper
17. Color or Race White **18.** Age at time of THIS birth 24 yrs.
19. Birthplace Columbas (City or town) Kansas (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business " "

22. Name prophylactic used to prevent Ophthalmia Neonatorum None

23. Number of children of this mother: (a) At time of birth and including this child..... (b) Born alive and now living.....

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was..... (Born alive, stillborn) at.....M. on the date and at the place stated above, and that personal particulars were furnished by..... (First name) (Last name), who is related to this child as..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Oregon } ss.
County of Crook }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 72 years of age, that I have known this person for years, and that Bob Gray, M. D. (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary M[illegible]a Dove Signature

P. O. Address

Subscribed and sworn to before me this [illegible] day of March, 1942

(SEAL) [signature] Notary Public, residing at NOTARY PUBLIC FOR OREGON MY COMMISSION EXPIRES AUG. 15, 1942

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 12 1942 by [signature], Registrar.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 336420
Local Reg. No.
Reg. Dist. No.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bannock (b) City McCammon
(c) Street Address or R.F.D. No. none
(d) Name of Hospital or Maternity Home: ~~xxxxxx~~ home
(e) Mother's stay **BEFORE** delivery: ~~xxxx xxxx~~ IN **THIS** county one years two months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City McCammon
(d) Street Address or R.F.D. No. none
(e) How long has **MOTHER** lived in Idaho? 10 yrs.

3. RESIDENCE OF FATHER (city, state) McCammon Ida.

4. FULL NAME OF CHILD William Francis Mullen

5. Date of Birth of Child (Month, day, year) Aug. 11-1896

6. Sex male **7.** Twin or Triplet no If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME William James Mullen
11. Color or Race White **12.** Age at time of THIS birth 27 yrs.
13. Birthplace Rocksprings (City or town) Wyoming (State or foreign country)
14. Exact Occupation Stationary Engineer
15. Industry or Business Railroad. O. S. L. R.R. Co.

MOTHER OF CHILD

16. FULL MAIDEN NAME Elizabeth Robinson
17. Color or Race White **18.** Age at time of THIS birth 31 yrs.
19. Birthplace Meshoppen (City or town) Pennsylvania (State or foreign country)
20. Exact Occupation Housewife.
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum not known

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date ____ and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife Address ____ Date ____

State of Idaho } ss.
County of Bannock }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 74 years of age, that I have known this person for 45 years, and that Dr. (First name) Steeley (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

William James Mullen Signature

Pocatello, Idaho P. O. Address

Subscribed and sworn to before me this 9th day of March, 1942

(SEAL)

Notary Public, residing at Pocatello Ida

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 10 1942 by Mary Keller, Registrar.

MAR 1 8 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

693106029-437

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 336431
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County LATAH (b) City VOLMER-TROY (now)
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery: IN THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State IDAHO (b) County LATAH
(c) City VOLMER - NOW TROY
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 2 yrs.

3. RESIDENCE OF FATHER (city, state) VOLMER - IDA.

4. FULL NAME OF CHILD EARL - RANSOM - WILLOUGHBY

5. Date of Birth of Child (Month, day, year) 11 - 6 - 1896

6. Sex MALE

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? YES

FATHER OF CHILD

10. FULL NAME NOAH - WILLOUGHBY

11. Color or Race WHITE

12. Age at time of THIS birth 42 yrs.

13. Birthplace (City or town) KENTUCKY (State or foreign country)

14. Exact Occupation FARMER

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME OLIVE - BELLE - McPHERSON

17. Color or Race WHITE

18. Age at time of THIS birth 19 yrs.

19. Birthplace SAN JOSE - CALIFORNIA (City or town) (State or foreign country)

20. Exact Occupation HOUSEWIFE

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum NOT KNOWN

23. Number of children of this mother: (a) At time of birth and including this child ONE (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Alive (Born alive, stillborn) at 9 A. M. on the date and at the place stated above and that personal particulars were furnished by William G Willoughby (First name) (Last name), who is related to this child as Uncle (Mother, etc.).

25. Attendant's OWN signature — M.D. / Midwife — Address — Date

State of Idaho } ss.
County of Shoshone }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Uncle (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 72 years of age, that I have known this person for 45 years, and that Seamans (First name) Jackson (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

William G. Willoughby Signature

Osburn Idaho P. O. Address

Subscribed and sworn to before me this 27 day of Feb., 1942

(SEAL) Grant A. Smith Notary Public, residing at Osburn Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 11 1942 by [illegible] Registrar.

MAR 1 8 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

556 115 044 433

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 336498
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Washington (b) City Weiser
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 12 years - months - days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Washington
(c) City Weiser
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 57 yrs.

3. **RESIDENCE OF FATHER** (city, state) Weiser, Idaho

4. **FULL NAME OF CHILD** William Jennings Newman

5. Date of Birth of Child (Month, day, year) 8-15-1896

6. Sex male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy nine

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Nathaniel L. Newman
11. Color or Race White
12. Age at time of THIS birth 35 yrs.
13. Birthplace Princston (City or town) Missouri (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Sarah Hall McCully
17. Color or Race white
18. Age at time of THIS birth 28 yrs.
19. Birthplace New Brunswick (City or town) Canada (State or foreign country)
20. Exact Occupation house wife.
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

State of Washington Idaho } ss.
County of Washington }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 80 years of age, that I have known this person for 46 years, and that Dr. J. R. Numbers (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

P.S. The mother is now deceased Nathaniel L. Newman Signature

Midvale Idaho P. O. Address

Subscribed and sworn to before me this 7th day of March, 19 42.

(SEAL) J. W. Goodnight Notary Public, residing at Midvale Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 10 1942 by Mary E. Peterson, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 19 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



636-202037445

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 336530
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Owyhee (b) City Hot Springs
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Private home
(e) Mother's stay BEFORE delivery: IN THIS county 1 years 6 months 2 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Owyhee
(c) City Hot Springs
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 2 yrs.

3. RESIDENCE OF FATHER (city, state) Hot Springs Ida

4. FULL NAME OF CHILD Gale Lucile Flores

5. Date of Birth of Child (Month, day, year) 5/2, 1896

6. Sex Female **7.** Twin or Triplet single If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Thomas Walker Flores
11. Color or Race White **12.** Age at time of THIS birth 31 yrs.
13. Birthplace Pilot point Texas (City or town) (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Sarah Frances Mangrum
17. Color or Race White **18.** Age at time of THIS birth 21 yrs.
19. Birthplace Pleasant Grove Utah (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at 2 P.M. on the date and at the place stated above, and that personal particulars were furnished by Thomas Flores (First name) (Last name) who is related to this child as Father (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho } ss.
County of Nez Perce }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 46 years of age, that I have known this person for 45 years, and that Mrs Mary J Mangrum (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Thomas W Flores Signature
Manchester Idaho P. O. Address

Subscribed and sworn to before me this 7 day of Mar., 1942

(SEAL) Thos. L. Phillips Notary Public, residing at Lewiston, Ida.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 7 1942 by [signature], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of ~~Chapter 191, 1911 Session Laws,~~ has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 336587
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Owyhee (b) City
(c) Street Address or R.F.D. No. Three Creek
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery: IN THIS county years 3 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Owyhee
(c) City Three Creek
(d) Street Address or R.F.D. No. Three Creek
(e) How long has MOTHER lived in Idaho? 4 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Tellis Drees Davis

5. Date of Birth of Child (Month, day, year) 8/12/96

6. Sex Male **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME Peters Burd Davis
11. Color or Race white **12.** Age at time of THIS birth 29 yrs.
13. Birthplace Pineville (City or town) Missouri (State or foreign country)
14. Exact Occupation Carpenter
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Nellie Rose Reager
17. Color or Race white **18.** Age at time of THIS birth 27 yrs.
19. Birthplace Lewisville (City or town) Texas (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date ____ and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

State of California } ss.
County of Los Angeles }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the MOTHER (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 72 years of age, that I have known this person for 45 years, and that Mrs High (First name) Lawson (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Nellie Rose Davis Signature
108 W. Newmark Ave- Monterey Park- Calif. Address

Subscribed and sworn to before me this 7th day of March 1942, 19____

(SEAL) [signature] NOTARY PUBLIC IN AND FOR THE COUNTY OF LOS ANGELES STATE OF CALIFORNIA Notary Public residing at Monterey Park

(Note: Perjury is punishable as a felony in Idaho, See Sec. 17-914, Idaho Code Annotated.)

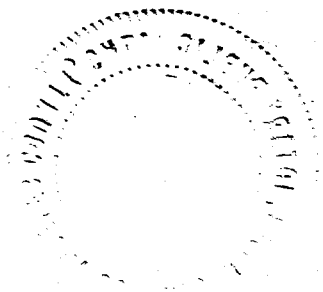
Received for filing on MAR 17 1942 by [signature], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



766-220 001 231

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 336603
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Ada (b) City Boise
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 3 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Boise
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 8 yrs.

3. **RESIDENCE OF FATHER** (city, state) Boise Idaho

4. **FULL NAME OF CHILD** Ruby Margaret Pfost

5. Date of Birth of Child (Month, day, year) Jan. 20 1896

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 7

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Jacob Isaac Pfost
11. Color or Race Caucasian
12. Age at time of THIS birth 27 yrs.
13. Birthplace Lansing City Missouri (City or town) (State or foreign country)
14. Exact Occupation General worker
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Helena Mary Stanley
17. Color or Race White
18. Age at time of THIS birth 22 yrs.
19. Birthplace Belvedere Illinois (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at 5:00 A M. on the date and at the place stated above, and that personal particulars were furnished by Myself (First name) (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Kansas } ss.
County of Phillips }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 68 years of age, that I have known this person for 46 years, and that Rena Montgomery (First name) (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Lena Deuel Signature

Kirwin Kansas P. O. Address

My Commission Expires April 19-1942

Subscribed and sworn to before me this 28th day of February, 1942.

(SEAL) E. O. Townsend Notary Public, residing at Kirwin Kansas

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 16 1942 by Mabel Keeler, Registrar.

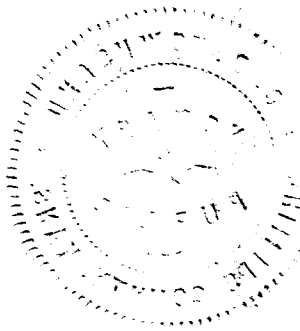
Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 2 0 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



852/123-006-795

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 336622
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bingham (b) City Blackfoot
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: at home
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bingham
   (c) City Blackfoot
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 45 yrs.

3. **RESIDENCE OF FATHER** (city, state) Blackfoot, Ida

4. **FULL NAME OF CHILD** Fred Henry Heese

5. Date of Birth of Child (Month, day, year) 4/23/1896

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Frank Heese
11. Color or Race White
12. Age at time of THIS birth 33 yrs.
13. Birthplace Germany (City or town) (State or foreign country)
14. Exact Occupation Contractor & Builder
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Catherine Greve
17. Color or Race White
18. Age at time of THIS birth 24 yrs.
19. Birthplace Germany (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.).

25. Attendant's **OWN** signature — M.D. / Midwife — Address — Date

State of Idaho
County of Bingham } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 69 years of age, that I have known this person for 45 years, and that [redacted] (First name) [redacted] (Last name) who attended this birth Cannot be located (Is now deceased) or (Cannot be located) further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

x Catherine Greve Heese Signature

Blackfoot, Idaho P. O. Address

Subscribed and sworn to before me this 4 day of March, 19 42

(SEAL) Leon H. Thompson Notary Public, residing at Blackfoot Idaho

(Note: Perjury is punishable as a felony in Idaho, see Sec. 17-914, Idaho Code Annotated.) My Commission Expires April 6, 1942

Received for filing on MAR 17 1942 by Mabel W. Nelson, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 2 0 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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336630

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Butte (b) City Moore
(c) Street Address or R.F.D. No.....
(d) Name of Hospital or Maternity Home:
.....
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 7 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Butte
(c) City Moore
(d) Street Address or R.F.D. No.....
(e) How long has **MOTHER** lived in Idaho? 7 yrs.

3. RESIDENCE OF FATHER (city, state) Moore, Ida

4. FULL NAME OF CHILD George Edward Ravenor

5. Date of Birth of Child (Month, day, year) July 12 1896

6. Sex male

7. Twin or Triplet no

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Thomas James Ravenor
11. Color or Race white
12. Age at time of THIS birth about 36 yrs.
13. Birthplace U. S. A. (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business " "

MOTHER OF CHILD

16. FULL MAIDEN NAME Elizabeth Ann Gamett
17. Color or Race White
18. Age at time of THIS birth 40 yrs.
19. Birthplace Utah Co. (City or town) Utah. (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business Farmer

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....

23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living 8

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was..... (Born alive, stillborn) at.....M. on the date and at the place stated above, and that personal particulars were furnished by..... (First name) (Last name), who is related to this child as..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho } ss.
County of Butte }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Neighbor (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 89 years of age, that I have known this person for 44 45 years, and that Mrs. Monique (First name) Savaria (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

J. D. Martin Signature

Arco, Idaho. P. O. Address

Subscribed and sworn to before me this 16th day of March, 19 42

(SEAL) ..... Notary Public, residing at Arco, Idaho.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 17 1942 by Mabel Nielsen, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 2 0 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

212-108-029-251

336634

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Latah (b) City Juliette Idho
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State (b) County
(c) City
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD William Homiral Baker

5. Date of Birth of Child (Month, day, year) Sept 8 1896

6. Sex MALE

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy

9. Legitimate?

FATHER OF CHILD

10. FULL NAME Bert Sheod Baker

11. Color or Race White

12. Age at time of THIS birth 32 yrs.

13. Birthplace Batavia (City or town) New York (State or foreign country)

14. Exact Occupation FARMER

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Rosella A Beach ~~Baker~~

17. Color or Race White

18. Age at time of THIS birth 28 yrs.

19. Birthplace Portage (City or town) Wisconsin (State or foreign country)

20. Exact Occupation House Wife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Montana } ss.
County of Sanders }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 74 years of age, that I have known this person for all life years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Rosella A Baker mother Signature

Conrad Montana P. O. Address

Subscribed and sworn to before me this 9th day of March, 1942

(SEAL) E E Livesley Notary Public, residing at Conrad Mont.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) Com. expires Dec 2 1943

Received for filing on MAR 17 1942 by Mabel N [illegible], Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

619-12000-165

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 336656
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bonneville (b) City Iona
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bonneville
(c) City Iona
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? xx 12 yrs.

3. RESIDENCE OF FATHER (city, state) Iona Idaho

4. FULL NAME OF CHILD George Jones Ward

5. Date of Birth of Child (Month, day, year) Oct. 20, 1896

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Lorenzo Neilson Ward
11. Color or Race white
12. Age at time of THIS birth 27 yrs.
13. Birthplace Hyrum (City or town) Utah (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Ruth Rosehannah Jones
17. Color or Race white
18. Age at time of THIS birth 22 yrs.
19. Birthplace Hyrum (City or town) Utah (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by Ruth Rosehannah Jones Ward (First name) (Last name) who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho } ss.
County of Bonneville }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 68 years of age, that I have known this person for 46 years, and that ..... (First name) ..... (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ruth R Ward Signature

P. O. Address

Subscribed and sworn to before me this 21st day of February, 19 42.

(SEAL) ..... Notary Public, residing at Idaho Falls, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 18 1942 by Mabel Keeler, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 2 0 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

133-104-025 2415

336723

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Idaho (b) City Grangeville
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 13 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Idaho
(c) City Grangeville
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 13 yrs.

3. RESIDENCE OF FATHER (city, state) Grangeville, Idaho

4. FULL NAME OF CHILD William Henry Allison

5. Date of Birth of Child (Month, day, year) June 4, 1896

6. Sex male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Thomas Montgomery Allison

11. Color or Race white

12. Age at time of THIS birth 27 yrs.

13. Birthplace ----- (City or town) California (State or foreign country)

14. Exact Occupation laborer

15. Industry or Business Wood cutting

MOTHER OF CHILD

16. FULL MAIDEN NAME Edna Jane Davis

17. Color or Race white

18. Age at time of THIS birth 19 yrs.

19. Birthplace Evanston, Wyoming (City or town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business -----

22. Name prophylactic used to prevent Ophthalmia Neonatorum -----

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

State of Oregon } ss.
County of Benton }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 65 years of age, that I have known this person for 46 years, and that Nora (First name) Nurse (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Edna Jane Nolen Signature
327 S. 4th St., Corvallis, Ore. P. O. Address

Subscribed and sworn to before me this 16th day of March, 1942

(SEAL) Walter T. Dugan Notary Public, residing at Corvallis, Oregon

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) My Com. Exp. Oct 27, 1944

Received for filing on MAR 18 1942 by ..... Registrar.

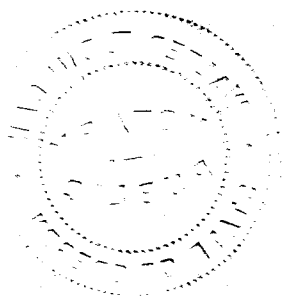
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 2 6 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



356-109-001-515

336782

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 336782
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Ada (b) City Boise
(c) Street Address or R.F.D. No. 2715 Washington
(d) Name of Hospital or Maternity Home: private home
(e) Mother's stay BEFORE delivery: IN THIS county 3 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State (b) County Ada
(c) City Boise
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 29 yrs.

3. RESIDENCE OF FATHER (city, state) Boise Idaho

4. FULL NAME OF CHILD Karl Robert Lewis

5. Date of Birth of Child (Month, day, year) 11-9-96

6. Sex male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Edward Karl Lewis
11. Color or Race white
12. Age at time of THIS birth 25 yrs.
13. Birthplace Van Port (City or town) Pennsylvania (State or foreign country)
14. Exact Occupation Soldier
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Permelia Ann Vew Wimble
17. Color or Race white
18. Age at time of THIS birth 29 yrs.
19. Birthplace Idaho City (City or town), Idaho (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child one (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of } ss.
County of }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 74 years of age, that I have known this person for 45 years, and that Mrs. Rube Robbins (First name) (Last name), who attended this birth (Is now deceased) or (~~Cannot be located~~). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Permelia Ann Lewis signature
th 1315-9th St So Nampa Idaho P. O. Address

Subscribed and sworn to before me this 14 day of March, 1942

(SEAL) [signature] Notary Public, residing at Nampa, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 17 1942 by Mary F Felder, Registrar.

MAR 21 1942

JAN 31 1958

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

336785

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

336785

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH — MAR 21 1942

County of Ada
City of Boise Idaho
No. ____ St.
(If born in hospital or institution give name.)

Registration District No. ____ State File No. ____
Prim. Registration District No. ____ Local Registrar's No. ____

2. FULL NAME OF CHILD Vernie Ruth Hall (Graham)

3. Sex: female
If plural births: 4. Twin, triplet, or other ____ 5. Number, in order of birth ____
6. Premature ____ Full term ____
7. Legitimate? ____
8. Date of birth June 4, 1896 (Month, Day, Year)

FATHER		MOTHER	
9. Full name	Isaac Newton Hall	18. Full maiden name	Nellie Powell
10. Residence (usual place of abode) (If non-resident, give place and State)		19. Residence (usual place of abode) (If non-resident, give place and State)	Boise
11. Color or race		20. Color or race	
12. Age at last birthday	48 (years)	21. Age at last birthday	36 (years)
13. Birthplace (city or place) (State or Country)	Belfast Maine	22. Birthplace (city or place) (State or Country)	Oregon
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, ~~sawyer, bookkeeper~~, etc.	Carpenter	OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.	Housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	Building	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.	
16. Date (month and year) last engaged in this work	____, 19__	25. Date (month and year) last engaged in this work	____, 19__
17. Total time (years) spent in this work		26. Total time (years) spent in this work	

27. What prophylactic was used to prevent Ophthalmia Neonatorum? ____

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 4 (b) Born alive but now dead 1 (c) Stillborn 2

29. If stillborn, period of gestation 6 mo. & 5 mo. (months ~~or weeks~~)
30. Cause of Stillbirth weakness (~~Before labor~~ / During labor)

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ____ at ____ m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report ____
(Date of)

(Signed) ____, M. D.
or ____, Midwife
Address ____

Filed MAR 21 1942, 193__ Mary F Elder
Registrar.

____
Registrar.

MAR 21 1942

813 204 001 766

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

AFFIDAVIT

(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

State of California
County of Los Angeles } ss.

Nellie Hall being first duly sworn says that she is the mother (Relationship of child)* of Verne Ruth Hall (Graham) born June 4, 1896 (Date of birth) at Boise, Idaho, whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said Verne Ruth Hall (Graham) hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Dr Collister, M. D., was the Midwife medical attendant at the birth of said Verne Ruth Hall (Graham) and that the said medical attendant is now deceased (Now deceased (or) ~~cannot be located~~)

Name of Affiant Nellie Hall

P. O. Address Rt 5 - Box 486, Tacoma, Wash

Subscribed and sworn to before me this ..... day of ....., 19....

MAR 12 1942

L ADELE WIMPFHEIMER
NOTARY PUBLIC

L Adele Wimpfheimer
Notary Public.

Residing at Glendale Calif., ~~Idaho.~~

My Commission Expires Feb. 15, 1944

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

MAR 21 194

796 111 014455

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 336857
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Canyon (b) City Caldwell
(c) Street Address or R.F.D. No. 1109 Cleveland
(d) Name of Hospital or Maternity Home: None
(e) Mother's stay BEFORE delivery: IN THIS county 4 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Canyon
(c) City Caldwell
(d) Street Address or R.F.D. No. 1109 Cleveland
(e) How long has MOTHER lived in Idaho? 4 yrs.

3. RESIDENCE OF FATHER (city, state) Caldwell, Idaho

4. FULL NAME OF CHILD Elton Groves

5. Date of Birth of Child (Month, day, year) Sept 11, 1896

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Perry Albert Groves
11. Color or Race White
12. Age at time of THIS birth 37 yrs.
13. Birthplace Atlanta (City or town) Illinois (State or foreign country)
14. Exact Occupation Laborer
15. Industry or Business "

MOTHER OF CHILD

16. FULL MAIDEN NAME Ada Catherine Denserline
17. Color or Race White
18. Age at time of THIS birth 32 yrs.
19. Birthplace Atlanta (City or town) Illinois (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business "

22. Name prophylactic used to prevent Ophthalmia Neonatorum none

23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

State of Idaho } ss.
County of Canyon }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 78 years of age, that I have known this person for 46 years, and that ..... (First name) (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ada Catherine Groves Signature
1109 Cleveland Blvd. Caldwell Idaho P. O. Address

Subscribed and sworn to before me this 9th day of March, 1942

(SEAL) Kathryn M. Hartkopf Notary Public, residing at Caldwell Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 13 1942 by Mary Helen, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 23 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of ~~Chapter 191, 1911 Session Laws, has not been recorded,~~ or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

281-1/10-035-436

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 336862
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Nez Perce (b) City near Melrose
(c) Street Address or R.F.D. No. none
(d) Name of Hospital or Maternity Home: none
(e) Mother's stay BEFORE delivery: IN THIS county 1 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Nez Perce
(c) City near Melrose
(d) Street Address or R.F.D. No. none
(e) How long has MOTHER lived in Idaho? 1 yrs.

3. RESIDENCE OF FATHER (city, state) Melrose, Idaho

4. FULL NAME OF CHILD Guy Oscar Shaffer

5. Date of Birth of Child (Month, day, year) April 10, 1896

6. Sex male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Joseph E. Shaffer
11. Color or Race white
12. Age at time of THIS birth 40 yrs.
13. Birthplace Pennsylvania (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. FULL MAIDEN NAME Love Arminda McFee
17. Color or Race white
18. Age at time of THIS birth 32 yrs.
19. Birthplace near New Somerstown, Ohio (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Home

22. Name prophylactic used to prevent Ophthalmia Neonatorum none

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date (Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's OWN signature ..... M.D. Midwife Address ..... Date .....

State of Iowa, County of Buchanan } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the uncle (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 70 years of age, that I have known this person for 45 years, and that Mrs. Chrissie Burton (First name) (Last name), who attended this birth is now deceased. (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Frank J. McFee Signature
Independence, Iowa P. O. Address

Subscribed and sworn to before me this 6th day of March, 1942.

(SEAL) ..... Notary Public, residing at Independence, Iowa

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 12 1942 by ..... Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 2 3 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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214208-028-792

MAR 14 1942

United States Department of Commerce Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 336885

Local Reg. No.

Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Kootenai (b) City Hope
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home ..... days. IN **THIS** county ..... years ..... month ..... days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Kootenai
(c) City Blocktail (Talache)
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 9 yrs.
(f) Mother's mailing address Blocktail

3. RESIDENCE of FATHER (city, state) Blocktail -

4. FULL NAME OF CHILD Lorna Hope Badgley

5. Date of Birth (Month, day year) Dec 8 - 1896

6. Sex Female **7.** Twin or Triplet ..... If so—born 1st, 2nd, 3rd .....

8. No. months of Pregnancy 9 Mo. **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME George Edward Badgley

11. Color or Race White **12.** Age at time of THIS birth 41 yrs.

13. Birthplace Saratoga Spgs New York (City or town) (State or foreign country)

14. Exact Occupation Mining

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Hannah Maria Gibbard

17. Color or Race White **18.** Age at time of THIS birth 36 yrs.

19. Birthplace Napanee Ontario Canada (City or town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum .....

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2 (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) ..... (Date received) (b) Mark H Eldridge (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of Washington
County of Spokane ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Lorna, being first duly sworn, say that I am Related (Related to (or) acquainted with) Lorna Hope Badgley (Name of person on certificate above) as Father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr Lamb (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) ~~cannot be located~~) and that this birth ~~has not been previously recorded~~.

George E Badgley
Signature

P. O. Address

Subscribed and sworn to before me on this 24 day of January, 1942.

(SEAL) Mildred Belton Notary Public, residing at Spokane

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 23 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

515 129 035-795

336905

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Nez Perce (b) City Lewiston
(c) Street Address or R.F.D. No. 9 St - 14 Ave
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 7 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Nez Perce
(c) City Lewiston Idaho
(d) Street Address or R.F.D. No. 9 St - 14 Ave
(e) How long has **MOTHER** lived in Idaho? yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Gregory Eaves

5. Date of Birth of Child (Month, day, year) Jan 29 1896

6. Sex Male **7.** Twin or Triplet / If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME ELLIOT WIER EAVES
11. Color or Race WHITE **12.** Age at time of THIS birth 30 yrs.
13. Birthplace LEAVENWORTH (City or town) KANSAS (State or foreign country)
14. Exact Occupation
15. Industry or Business BANK CASHIER

MOTHER OF CHILD

16. FULL MAIDEN NAME JULIA GREGORY
17. Color or Race WHITE **18.** Age at time of THIS birth 37 yrs.
19. Birthplace MONROE (City or town) MICHIGAN (State or foreign country)
20. Exact Occupation HOUSEWIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum NITRATE of SILVER

23. Number of children of this mother 5 (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of WASHINGTON } ss.
County of PIERCE }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the AUNT (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 66 years of age, that I have known this person for 46 years, and that DR. Shaff (First name) (Last name), who attended this birth DECEASED (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Emma L. Eaves Signature
TACOMA WASH P. O. Address

Subscribed and sworn to before me this 17 day of February, 1942

(SEAL) Notary Public, residing at Tacoma

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 11 1942 by Mary Fielder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 23 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such ~~date, such report may be received and filed by~~ the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

853-231-029-853

336906

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 336906
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Latah (b) City Kendrick
(c) Street Address or R.F.D. No. ✓
(d) Name of Hospital or Maternity Home: ✓
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 5 years 2 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Kendrick
(d) Street Address or R.F.D. No. ✓
(e) How long has **MOTHER** lived in Idaho? 4 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD [redacted] Ruth Helperman

5. Date of Birth of Child (Month, day, year) 5-31-1896

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? YES

FATHER OF CHILD

10. **FULL NAME** John Barton Helperman
11. Color or Race White 12. Age at time of THIS birth 41 yrs.
13. Birthplace Ohio (City or town) (State or foreign country)
14. Exact Occupation Road Keeper
15. Industry or Business retired

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Grace Helperman
17. Color or Race White 18. Age at time of THIS birth 27 yrs.
19. Birthplace Wisconsin (City or town) (State or foreign country)
20. Exact Occupation School teacher
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 3. (b) Born alive and now living YES

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

State of Idaho } ss.
County of Nez Perce }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 86 years of age, that I have known this person for 46 years, and that Dr Rothwell (First name) (Last name), who attended this birth is dead (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

John Barton Helperman Signature

Kendrick P.O. Address

Subscribed and sworn to before me this 2 day of Feb, 19 42

(SEAL) J. E. Loosley Notary Public, residing at Lewiston Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 11 1942 by [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 23 19

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

556-103-022-864

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 336959
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Fremont (b) City Ashton
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City Ashton
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 6 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Melvin Thomas Newby

5. Date of Birth of Child (Month, day, year) June 3 1896

6. Sex Male **7.** Twin or Triplet **If so—born** 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? ✓

FATHER OF CHILD

10. FULL NAME Nicholas Francis Newby
11. Color or Race White **12.** Age at time of THIS birth 36 yrs.
13. Birthplace Sunderland (City or town) England (State or foreign country)
14. Exact Occupation Engineer
15. Industry or Business Logg & Jacobs Sawmill

MOTHER OF CHILD

16. FULL MAIDEN NAME Isabelle Youlden
17. Color or Race White **18.** Age at time of THIS birth 36 yrs.
19. Birthplace Sunderland (City or town) England (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date ____ and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

State of Idaho } ss.
County of Madison }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the friend & neighbor (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 81 years of age, that I have known this person for 45 1/2 years, and that Mrs Christine Walz (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs James Gillespie Signature
Rexburg, Idaho P. O. Address

Subscribed and sworn to before me this 12th day of March, 1942

(SEAL) D. W. Smith Notary Public, residing at Rexburg Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-911 Idaho Code Annotated)

Received for filing on MAR 17 1942 by Mark H Eden, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

855-109-022-993

338060

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 338060
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Fremont (b) City Teton City
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City Teton City
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 57 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Ernest Henderson

5. Date of Birth of Child (Month, day, year) 6/9/1896

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME John A. Henderson
11. Color or Race White
12. Age at time of THIS birth 31 yrs.
13. Birthplace Brigham City (City or town) Utah (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Mary Ellen Richman
17. Color or Race White
18. Age at time of THIS birth 27 yrs.
19. Birthplace Cash County (City or town) Utah (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by Mary Sorenson (First name) (Last name) Midwife, who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho } ss.
County of Fremont }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 72 years of age, that I have known this person for 45 years, and that Mary Sorenson (First name) Midwife (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary Jackson Henderson Signature
320 East North 2nd West P. O. Address

Subscribed and sworn to before me this 16 day of March, 19 42

(SEAL) Notary Public, residing at Preston, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

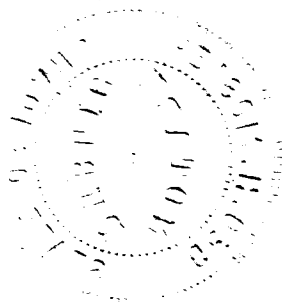
Received for filing on MAR 19 1942 by Mary Felder, Registrar.

MAR 28 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



962-105-022-166

338082

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

MAR 28 1942

State File No. 338082
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Fremont (b) City Menan
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 17 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City Menan
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 17 yrs.

3. RESIDENCE OF FATHER (city, state) Menan, Idaho

4. FULL NAME OF CHILD Wyatt Rawlston Robert

5. Date of Birth of Child (Month, day, year) May 5, 1896

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Albert George Robert

11. Color or Race White

12. Age at time of THIS birth 25 yrs.

13. Birthplace Canada (City or town) (State or foreign country)

14. Exact Occupation Miller

15. Industry or Business Menan Flour Mill

MOTHER OF CHILD

16. FULL MAIDEN NAME Mary Ann Poole

17. Color or Race White

18. Age at time of THIS birth 19 yrs.

19. Birthplace Ogden (City or town) Utah (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho } ss.
County of Fremont }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 65 years of age, that I have known this person for 46 years, and that Mrs. (First name) Dabelle (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary Ann Richardson Signature

P. O. Address

Subscribed and sworn to before me this 27th day of March, 1942

(SEAL) Marion E. Ow[illegible] Notary Public, residing at Boise, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

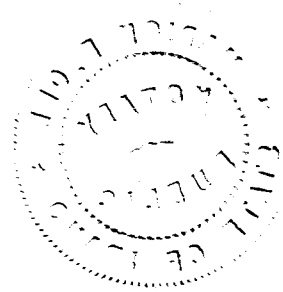
Received for filing on MAR 28 1942 by Mary F. Eld[illegible], Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



485-120 DY-256

338222

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. ____
Local Reg. No. ____
Reg. Dist. No. ____

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Canyon (b) City Emmett
(c) Street Address or R.F.D. No. Rt. 1
(d) Name of Hospital or Maternity Home: Privare home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county yes years 5 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Canyon
(c) City Emmett
(d) Street Address or R.F.D. No. Rt. 1
(e) How long has **MOTHER** lived in Idaho? 5 yrs.

3. RESIDENCE OF FATHER (city, state) Emmett, Ida.

4. FULL NAME OF CHILD Vernon Parker Myers

5. Date of Birth of Child (Month, day, year) July 20th 1896

6. Sex Male

7. Twin or Triplet single If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Alvin Edward Myers
11. Color or Race white **12.** Age at time of THIS birth 30 yrs.
13. Birthplace Lallersburg (City or town) Pa. (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Same

MOTHER OF CHILD

16. FULL MAIDEN NAME Clara Ada Knouse
17. Color or Race white **18.** Age at time of THIS birth 21 yrs.
19. Birthplace Wamego (City or town) Kansas (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business same

22. Name prophylactic used to prevent Ophthalmia Neonatorum ____

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date ____ and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

State of Idaho, County of Gem } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the The Aunt (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 69 years of age, that I have known this person for 45 years, and that Mrs. (First name) Charles Oaks (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Minnie A Knouse Signature

Emmett, Idaho P. O. Address

Subscribed and sworn to before me this 19th day of March, 1942

(SEAL) Notary Public, residing at Emmett, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 20 1942 by Mabel Hedden, Registrar.

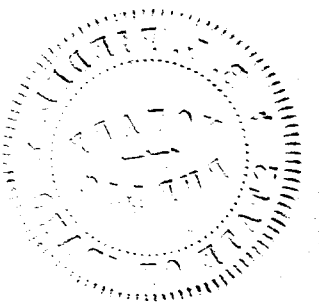
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy required in advance payment of fifty cents, money order or coin.

MAR 26 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such ~~report may be received and filed by the local registrar~~ for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



239-125-007-255

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 338275
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Blaine (b) City Hailey
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 13 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Blaine
(c) City Hailey
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 13 yrs.

3. RESIDENCE OF FATHER (city, state) Hailey, Ida.

4. FULL NAME OF CHILD Charles Elmer Stinson

5. Date of Birth of Child (Month, day, year) Aug 25-1896

6. Sex Male **7.** Twin or Triplet **If so—born** 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Henry Clay Stinson
11. Color or Race White **12.** Age at time of THIS birth yrs.
13. Birthplace Grandville (City or town) California (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Alice Josephine Benson
17. Color or Race White **18.** Age at time of THIS birth 27 yrs.
19. Birthplace Union (City or town) Oregon (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (Born alive, stillborn) at 2.30 A. M. on the date and at the place stated above, and that personal particulars were furnished by Alice Stinson (First name) (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho } ss.
County of [redacted] }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the [redacted] (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 72 years of age, that I have known this person for 45 years, and that Mrs. Henry Miller (First name) (Last name), who attended this birth Cannot locate (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Alice J. Stinson Signature
604 So. Coml. Ave. Emmett, Idaho P. O. Address

Subscribed and sworn to before me this 18 day of March, 19 42
(SEAL)
Notary Public, residing at Emmett, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 20 1942 by [redacted], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 2 6 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

-263-127-042-663

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 338342
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Shoshone (b) City Wardner
(c) Street Address or R.F.D. No. Main St
(d) Name of Hospital or Maternity Home: at Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Shoshone
(c) City Wardner
(d) Street Address or R.F.D. No. Main St
(e) How long has **MOTHER** lived in Idaho? 10 yrs.

3. RESIDENCE OF FATHER (city, state) Wardner Idaho

4. FULL NAME OF CHILD James Armstrong Bolger

5. Date of Birth of Child (Month, day, year) Sept 27 1896

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Edward Bolger
11. Color or Race White
12. Age at time of THIS birth 37 yrs.
13. Birthplace Killeney (City or town) Ireland (State or foreign country)
14. Exact Occupation Operator of Hotel
15. Industry or Business Hotel Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Harriet Wolfe Bolger
17. Color or Race White
18. Age at time of THIS birth 32 yrs.
19. Birthplace San Francisco (City or town) Calif (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum None

23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

State of California } ss.
County of Fresno }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 71 years of age, that I have known this person for ..... years, and that Pa France (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located), I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

MY COMMISSION EXPIRES JULY 9, 1945

Harriet Bolger Signature

415 Bravo Ave. Fresno Calif. P. O. Address

Subscribed and sworn to before me this 26th day of Feb, 19 42

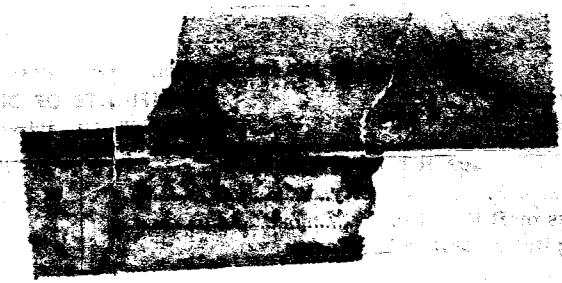
(SEAL) F. O. Underhill Notary Public, residing at Fresno County

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) Notary Public in and for State of California

Received for filing on MAR 20 1942 by Mary Teller, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 27 1942



APR 10 1952

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

234-113-037-219

338541

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Owyhee (b) City
(c) Street Address or R.F.D. No. Black Jack Mine
(d) Name of Hospital or Maternity Home: Born at home
(e) Mother's stay BEFORE delivery: IN THIS county 1 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Owyhee
(c) City Silver City
(d) Street Address or R.F.D. No. Black Jack Mine
(e) How long has MOTHER lived in Idaho? yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Raymond Thomas Stuart

5. Date of Birth of Child (Month, day, year) Aug 13-1896

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME John Chas Stuart

11. Color or Race White

12. Age at time of THIS birth 57 yrs.

13. Birthplace Aberdeen (City or town) Scotland (State or foreign country)

14. Exact Occupation Asst Leather Business

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Mary Barry

17. Color or Race White

18. Age at time of THIS birth 35 yrs.

19. Birthplace Cork (City or town) Ireland (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho } ss.
County of Ada }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 81 years of age, that I have known this person for 46 years, and that Dr Lippincott (First name) (Last name), who attended this birth, believe dead (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary Barry Stuart Signature

1008 No 20th St Boise Idaho P. O. Address

Subscribed and sworn to before me this 23rd day of March, 19 42.

(SEAL) Herbert H Eberle Notary Public, residing at Boise Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914 Idaho Code Annotated.)

Received ~~for~~ filing on MAR 24 1942 by , Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy required in advance payment of fifty cents, money order or coin.

MAR 30 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

955-216-025-291

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 338575
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Kootenai (b) City Bonners Ferry
(c) Street Address or R.F.D. No. On Farm
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 5 years 1 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Kootenai
(c) City Bonners Ferry
(d) Street Address or R.F.D. No. On Farm
(e) How long has **MOTHER** lived in Idaho? 5 yrs.

3. **RESIDENCE OF FATHER** (city, state) Idaho

4. **FULL NAME OF CHILD** Ida Reed

5. Date of Birth of Child (Month, day, year) May 16, 1896

6. Sex Female 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnacy 9 9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Leander Reed
11. Color or Race White 12. Age at time of THIS birth 40 yrs.
13. Birthplace Connecticut (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Barbara Krause
17. Color or Race White 18. Age at time of THIS birth 35 yrs.
19. Birthplace Cleveland Ohio (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Oregon } ss.
County of Multnomah }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 81 years of age, that I have known this person for 45 years, and that Leander (First name) Reed (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Barbara Reed Signature
Portland, Ore. P.O. Address

Subscribed and sworn to before me this 7 day of March, 19 42
(SEAL) Robert J. Ramey Notary Public, residing at Portland Ore

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 25 1942 by Mabel Fiske, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

494-116-229-819

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 338585
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Latah (b) City Taney
(c) Street Address or R.F.D. No. R.F.D.
(d) Name of Hospital or Maternity Home: None
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 23 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Taney
(d) Street Address or R.F.D. No. R.F.D.
(e) How long has **MOTHER** lived in Idaho? 23 yrs.

3. RESIDENCE OF FATHER (city, state) R.F.D., Taney, Idaho

4. FULL NAME OF CHILD Bliss D. Drury (No middle name.)

5. Date of Birth of Child (Month, day, year) Dec. 16, 1896

6. Sex Male **7.** Twin or Triplet No If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME George Edwin Drury
11. Color or Race White **12.** Age at time of THIS birth 33 yrs.
13. Birthplace Wisconsin (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Lillian M. Harrison
17. Color or Race White **18.** Age at time of THIS birth 23 yrs.
19. Birthplace Latah Co., Idaho (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife ..... Address ..... Date .....

State of Idaho, County of Latah. } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the aunt (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 74 years of age, that I have known this person for 45 years, and that Adelia Drury (First name) (Last name), who attended this birth is now deceased. (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Cora B Drury Signature

404 Jefferson, Moscow, Idaho. P. O. Address

Subscribed and sworn to before me this 16th day of March, 19 42.

(SEAL) Mary Gates Notary Public, residing at Moscow, Idaho.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 23 1942 by ..... Registrar.

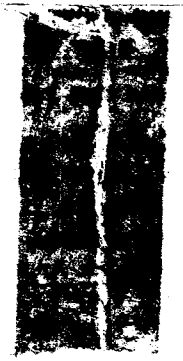
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

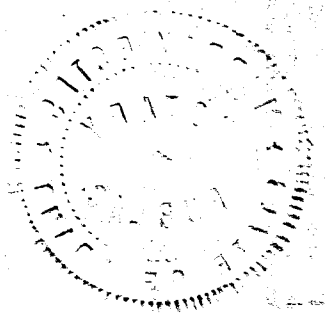
MAR 30 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.





263-201-010-238

United States Department of Commerce Bureau of the Census Bonneville

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 338711
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bingham (b) City Idaho Falls
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: - home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 6 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bingham
(c) City Idaho Falls
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 6 yrs.

3. RESIDENCE OF FATHER (city, state) Idaho Falls, Ida

4. FULL NAME OF CHILD Mary Florence Bollier

5. Date of Birth of Child (Month, day, year) May 1 1896

6. Sex female **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME Robert Bollier
11. Color or Race white **12.** Age at time of THIS birth 40 yrs.
13. Birthplace (City or town) Switzerland (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Sophia Dorothy Schark
17. Color or Race white **18.** Age at time of THIS birth 31 yrs.
19. Birthplace (City or town) Germany (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ~~born alive~~ (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by Robert Bollier (First name) (Last name), who is related to this child as ~~father~~ (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Oregon } ss.
County of Marion }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 86 years of age, that I have known this person for 45 years, and that Mrs Neils Nelson (First name) (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Robert Bollier Signature
Salem, Ore. - 590 Willow st P. O. Address

Subscribed and sworn to before me this 19 day of March, 19 42

(SEAL) Notary Public, residing at OREGON

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 25 1942 by Mabel M. Feller, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 1 1949

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

469-110-217-314

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 338741
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Clark (b) City Spencer
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Ranch house
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 0 years 6 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Clark
(c) City Spencer
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 3 yrs.

3. RESIDENCE OF FATHER (city, state) Idaho

4. FULL NAME OF CHILD Edwin Charles Doig

5. Date of Birth of Child (Month, day, year) Feb. 10, 1896

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy

9. Legitimate?

FATHER OF CHILD

10. FULL NAME Peter Scott Doig
11. Color or Race White
12. Age at time of THIS birth 26 yrs.
13. Birthplace Scotland (City or town) (State or foreign country)
14. Exact Occupation Rancher
15. Industry or Business Stockman

MOTHER OF CHILD

16. FULL MAIDEN NAME Anna Campbell
17. Color or Race White
18. Age at time of THIS birth 24 yrs.
19. Birthplace Scotland (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date ..... and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

State of Montana } ss.
County of Meagher }

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 71 years of age, that I have known this person for 46 years, and that all persons (First name) (Last name), who attended this birth are deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Anna C Doig Signature
Ringling, Montana P. O. Address

Subscribed and sworn to before me this 21st day of March, 1942.

(SEAL) Flora King Notary Public, residing at White Sulphur Springs, Montana

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 25 1942 by Mabel Fiedler, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 31 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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299-218-01K-315.

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 338763
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Canyon (b) City Emmett
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Born at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Canyon
(c) City Emmett
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 20 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Alda Frances Krighaum

5. Date of Birth of Child (Month, day, year) January 18, 1896

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** Thomas Ewing
11. Color or Race White
12. Age at time of THIS birth 22 yrs.
13. Birthplace Texas (City or town) (State or foreign country)
14. Exact Occupation Miner
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Margaret Louise Langroise
17. Color or Race White
18. Age at time of THIS birth 20 yrs.
19. Birthplace Placerville Idaho (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of California } ss.
County of Los Angeles }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 65 years of age, that I have known this person for 46 years, and that Gean (First name) Clymer (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Margaret Louise Krighaum Signature
1415½ N. Sierra Bonita Ave. Hollywood P. O. Address

Subscribed and sworn to before me this 21st day of March, 1942.

(SEAL) Mrs. Alice White Notary Public, residing at Los Angeles, Calif

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) My Commission Expires August 17, 1943.

Received for filing on MAR 26 1942 by Mabel Fiedler, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 31 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

45-122035294

338836

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

MAR 30 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 338836
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Nezperce (b) City Craigmont
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Residence
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 3 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Nezperce
(c) City Craigmont
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 3 yrs.

3. RESIDENCE OF FATHER (city, state) Same.

4. FULL NAME OF CHILD Fredrick Allen Megenity

5. Date of Birth of Child (Month, day, year) June 22, 1896

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Armenius R Megenity
11. Color or Race White
12. Age at time of THIS birth 29 yrs.
13. Birthplace North Platt (City or town) Nebraska (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Same.

MOTHER OF CHILD

16. FULL MAIDEN NAME Etha Alice Simmons.
17. Color or Race White
18. Age at time of THIS birth 20 yrs.
19. Birthplace Indianola (City or town) Iowa (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business Same.

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child one. (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born Alive (Born alive, stillborn) at 5.30 A.M. on the date and at the place stated above, and that personal particulars were furnished by Lucinda (First name) Jackson (Last name), who is related to this child as Great Aunt. (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Craigmont Idaho. Date March 16. 1942

State of Idaho } ss.
County of Nezperce }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Great Aunt (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 80 years of age, that I have known this person for 44 years, and that Dr. Leach (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Lucinda R. Jackson Signature

Craigmont, Idaho P. O. Address

Subscribed and sworn to before me this 25th day of March, 1942.

(SEAL) J. K. Cannaell Notary Public, residing at Craigmont,

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 30 1942 by Mary F. Eldon, Registrar.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

235-105-006-366

338872

338872

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

APR 1 1942

State File No. 338872
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bingham (b) City Menan
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: None
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 13 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bingham
(c) City Menan
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 13 yrs.

3. RESIDENCE OF FATHER (city, state) Same

4. FULL NAME OF CHILD Leon Radcliffe Stephens

5. Date of Birth of Child (Month, day, year) November 5, 1896

6. Sex Male

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME John Andrew Stephens
11. Color or Race White
12. Age at time of THIS birth 27 yrs.
13. Birthplace Ogden, Utah (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Same

MOTHER OF CHILD

16. FULL MAIDEN NAME Helena Beatrice Cook
17. Color or Race White
18. Age at time of THIS birth 22 yrs.
19. Birthplace Withington, England (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Same

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Idaho
County of Madison } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 68 years of age, that I have known this person for 45 years, and that Mrs. Harriet Debell (First name) (Last name), who attended this birth Is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Helena B Stephens Signature
Rexburg, Idaho P. O. Address

Subscribed and sworn to before me this 24 day of March, 1942.
(SEAL) W. W. Smith Notary Public, residing at Rexburg, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR by Mary F Felden, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 1 1942

JUL 20 1959

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

555-22-036-168

338879

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 338879
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Oneida (b) City Neeley
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Oneida
(c) City Neeley
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 30 yrs.

3. RESIDENCE OF FATHER (city, state) Neeley, Idaho

4. FULL NAME OF CHILD Ruth Neeley

5. Date of Birth of Child (Month, day, year) Oct. 27, 1896

6. Sex female **7.** Twin or Triplet **If so—born** 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME John M. Neeley
11. Color or Race white **12.** Age at time of THIS birth 32 yrs.
13. Birthplace Brigham City, Utah (City or town) (State or foreign country)
14. Exact Occupation farming & stock raising
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Ellen Christina Johnson
17. Color or Race white **18.** Age at time of THIS birth 30 yrs.
19. Birthplace Brigham City, Utah (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by John M. Neeley (First name) (Last name), who is related to this child as father (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho } ss.
County of Madison }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, ~~being first~~ duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 78 years of age, that I have known this person for 45 years, and that Cynthie Walker (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

John M. Neeley Signature

Rexburg, Idaho P. O. Address

Subscribed and sworn to before me this 26th day of March, 1942

(SEAL) [illegible] Notary Public, residing at Rexburg, Idaho.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 27 1942 by Mary Felder, Registrar.

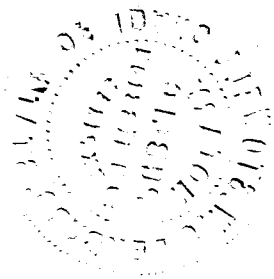
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 1 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



267-11-201-462

338885

United States Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

APR 2 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 338883
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Ada (b) City Boise
(c) Street Address or R.F.D. No. No Street Number
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 6 years 3 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Boise
(d) Street Address or R.F.D. No. No Street Number
(e) How long has **MOTHER** lived in Idaho? 6 yrs.

3. RESIDENCE OF FATHER (city, state) Boise Idaho

4. FULL NAME OF CHILD James Sawyer Bogart Junior

5. Date of Birth of Child (Month, day, year) Aug 13, 1896

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME James Sawyer Bogart

11. Color or Race White

12. Age at time of THIS birth 28 yrs.

13. Birthplace Caldwell, Canada (City or town) (State or foreign country)

14. Exact Occupation Abstracter & Title Examiner

15. Industry or Business Same as 14

MOTHER OF CHILD

16. FULL MAIDEN NAME Edith Foster

17. Color or Race White

18. Age at time of THIS birth 28 yrs.

19. Birthplace Council Bluffs, Iowa (City or town) (State or foreign country)

20. Exact Occupation Home wife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho } ss.
County of Ada }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 74 years of age, that I have known this person for 46 years, and that D. Hays Webster (First name) (Last name), who attended this birth now deceased (Is now deceased) or (Cannot be located), I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

James Sawyer Bogart Signature

1605 N. 8th Street Boise Idaho P. O. Address

Subscribed and sworn to before me this 2nd day of April, 1942

(SEAL) Marion E. Orr Notary Public, residing at Boise Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 2 1942 by Mary F. Elder, Registrar.

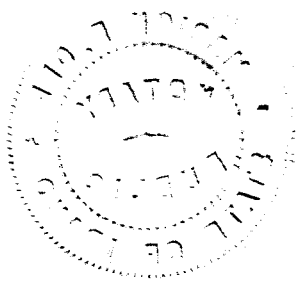
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 2 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



231-12-2003-036

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 338905
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bannock (b) City Lund
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At family home
(e) Mother's stay BEFORE delivery: IN THIS county 3 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City Lund
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 3 yrs.

3. RESIDENCE OF FATHER (city, state) Same

4. FULL NAME OF CHILD Wallace Blair

5. Date of Birth of Child (Month, day, year) 12/22/1896

6. Sex male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Albert Edward Blair

11. Color or Race white

12. Age at time of THIS birth 29 yrs.

13. Birthplace London (City or town) England (State or foreign country)

14. Exact Occupation Farmer and builder

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Sarah Rachel Stocks

17. Color or Race white

18. Age at time of THIS birth 28 yrs.

19. Birthplace Draper (City or town) Utah (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

State of California
County of Los Angeles } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Brother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 53 years of age, that I have known this person for 45 years, and that ..... (First name) ..... (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Albert F Blair
Signature

644 Commonwealth Ave
P. O. Address

Subscribed and sworn to before me this 2nd day of March, 1942.

(SEAL) Leah Lindelson Notary Public, residing at 2222 W. 7th St., Los Angeles, Calif.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 30 1942 by Mark H. Ellsworth, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 1 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

635-131-044-395

338935

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Washington (b) City Midvale
(c) Street Address or R.F.D. No. --
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay BEFORE delivery: IN THIS county 22 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Washington
(c) City Midvale
(d) Street Address or R.F.D. No. ----
(e) How long has MOTHER lived in Idaho? 22 yrs.

3. RESIDENCE OF FATHER (city, state) Midvale, Idaho

4. FULL NAME OF CHILD Lon Linder Fletcher

5. Date of Birth of Child (Month, day, year) May 31, 1896

6. Sex Male

7. Twin or Triplet No If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Edward T. Fletcher
11. Color or Race white
12. Age at time of THIS birth 22 yrs.
13. Birthplace Princeton, Missouri (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. FULL MAIDEN NAME Anna Laura Linder
17. Color or Race white
18. Age at time of THIS birth 22 yrs.
19. Birthplace Denver, Colorado (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business --

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ at ____ M. on the date (Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's OWN signature ____ M.D. Midwife Address ____ Date ____

State of California } ss.
County of San Mateo }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 68 years of age, that I have known this person for 46 years, and that Grif Keithley (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Anna Laura Linder Signature
Armona, California P. O. Address

Subscribed and sworn to before me this 27th day of March, 1942

(SEAL) Carl D. Johnson Notary Public, residing at ____

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

NOTARY PUBLIC in and for the County of San Mateo, State of California.

MY COMMISSION EXPIRES MAY 27, 1943

Received for filing on MAR 30 1942 by Mabel Keeler, Registrar.

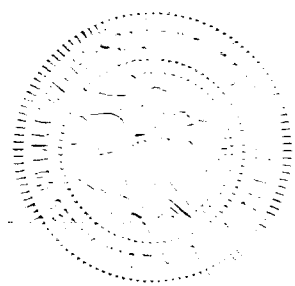
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 1 19[illegible]

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



239-101-040-366

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 338956
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy required in advance, payment of fifty cents, money order or coin.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Shoshone (b) City Murray
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Shoshone
(c) City Murray
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 9 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD EARL EDGAR STIMSON

5. Date of Birth of Child (Month, day, year) April 1, 1896

6. Sex Male **7.** Twin or Triplet no If so—born 1st, 2nd, 3rd - - - **8.** No. months of Pregnacy Usual **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME FRANK VICTOR STIMSON
11. Color or Race White **12.** Age at time of THIS birth 38 yrs.
13. Birthplace Menominee (City or town), Michigan (State or foreign country)
14. Exact Occupation Carpenter and miner
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME LULU ESTELLE COON
17. Color or Race White **18.** Age at time of THIS birth 25 yrs.
19. Birthplace Salem (City or town), Oregon (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife ..... Address ..... Date .....

State of Washington } ss.
County of Spokane }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am ~~the~~ well acquainted with (Mother, etc.) the person whose name appears in Item 4 above, that I am now 64 years of age, that I have known this person for 46 years, and that his parents, older brothers and sisters, and physician, (First name) (Last name), who attended this birth are now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Frank McGuire Signature

West 505 Sprague Avenue, Spokane, Wash. P. O. Address

Subscribed and sworn to before me this 27 day of March, 19 42

(SEAL) ..... Notary Public, residing at Spokane

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 30 1942 by ..... Registrar.

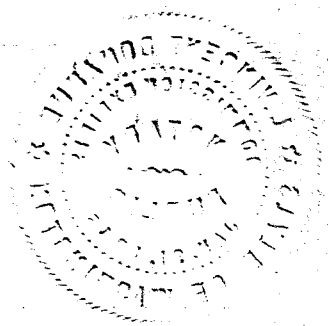
APR 1 1942

APR 9 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



349-111-006-319

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 338958
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bingham (b) City Idaho Falls
(c) Street Address or R.F.D. No. 142 N-Ridge
(d) Name of Hospital or Maternity Home: At home
(e) Mother's stay BEFORE delivery: IN THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bingham
(c) City Idaho Falls
(d) Street Address or R.F.D. No. 142 N-Ridge
(e) How long has MOTHER lived in Idaho? 49 49 yrs.

3. RESIDENCE OF FATHER (city, state) IDAHO FALLS IDAHO

4. FULL NAME OF CHILD Clarence Adolph Smith

5. Date of Birth of Child (Month, day, year) 11-11-96

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Charles Allen Smith
11. Color or Race White
12. Age at time of THIS birth 38 yrs.
13. Birthplace Stockholm (City or town) Sweden (State or foreign country)
14. Exact Occupation Mason
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Alma Carlson
17. Color or Race White
18. Age at time of THIS birth 18 yrs.
19. Birthplace Osage (City or town) Kansas (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

State of Idaho } ss.
County of Bonneville }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Uncle (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 59 years of age, that I have known this person for 45 years, and that [illegible] (First name) [illegible] (Last name), who attended this birth Dead (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

O A Carlson Signature

560 12th st. Idaho Falls Idaho P. O. Address

Subscribed and sworn to before me this 27 day of March, 1942.

(SEAL) Leo Walther Notary Public, residing at Idaho Falls Idaho

Residence, Idaho Falls, Idaho,
My Commission Expires [illegible]

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 30 1942 by Mary Keefer, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 1 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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766-207-006-783

338987

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 338987
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH:
(a) County Bingham (b) City Idaho Falls
(c) Street Address or R.F.D. No. none
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home 7 days
In THIS county years months days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State Idaho (b) County Bingham
(c) City Idaho Falls
(d) Street Address or R.F.D. No. none
(e) How long has MOTHER lived in Idaho? 22 yrs.
(f) Mother's mailing address Idaho Falls, Ida.

3. RESIDENCE of FATHER (city, state): Idaho Falls Ida.

4. FULL NAME OF CHILD Rose Gertrude Coffin

5. Date of Birth (Month, day, year) Aug. 7, 1896

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 mo. 9. Legitimate? Yes.

FATHER OF CHILD

10. FULL NAME Mark Ainsworth Coffin
11. Color or Race White
12. Age at time of THIS birth 29 yrs.
13. Birthplace DeKalb Co. Illinois (City or town) (State or foreign country)
14. Exact Occupation Supt. Great Western
15. Industry or Business Canal Co.

MOTHER OF CHILD

16. FULL MAIDEN NAME Mary Alice Pelot
17. Color or Race White
18. Age at time of THIS birth 22 yrs.
19. Birthplace Oneida or Bingham Co. Idaho (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was (born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

26. (a) APR 1 1942 (Date received) (b) [signature] (Registrar's signature)

27. Given name added on by (Registrar's signature)

25. Attendant's OWN signature M.D. (D.O., Midwife, etc.)
and address Date

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

State of Calif
County of San Diego } ss.

I, Mary A Coffin (Name of person on certificate above), being first duly sworn, say that I am (Related to (or) acquainted with) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. LaRue (Name of attendant at birth), who attended said birth deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Mary A Coffin Signature
Carlsbad Calif. P. O. Address

Subscribed and sworn to before me on this 28th day of March, 1942

(SEAL) [signature] Notary Public, residing at Carlsbad, Calif.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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432-10-008-619

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 338998
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Boise (b) City VanWyck
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Boise
(c) City VanWyck
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 25 yrs.

3. **RESIDENCE OF FATHER** (city, state) VanWyck Ida.

4. **FULL NAME OF CHILD** George Truman McShane

5. Date of Birth of Child (Month, day, year) April 1-1896

6. Sex Boy

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy

9. Legitimate? yes.

FATHER OF CHILD

10. **FULL NAME** Luther Burchenal McShane
11. Color or Race White
12. Age at time of THIS birth 41 yrs.
13. Birthplace Iowa (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Lemmia Jane Farmer
17. Color or Race White
18. Age at time of THIS birth 29 yrs.
19. Birthplace Arkansas (City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living 8

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho } ss.
County of Valley }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 52 years of age, that I have known this person for 46 years, and that Mrs. Harriet Hite (First name) neighbor (Last name) who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Viola Olson Signature

Cascade, Idaho, Box 402. P. O. Address

Subscribed and sworn to before me this 26th day of March, 1942

(SEAL) M. D. Kerby Notary Public, residing at Cascade, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-3414, Idaho Code Annotated.)

Received for filing on MAR 28 1942 by Mary Keeler, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 1 1942

DEC 18 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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814-215-029-458

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 339004
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Latah (b) City Genesee
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 26 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Genesee
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 26 yrs.

3. RESIDENCE OF FATHER (city, state) 8 yrs.

4. FULL NAME OF CHILD Jennie Lee Hampton

5. Date of Birth of Child (Month, day, year) April 15, 1896

6. Sex female **7.** Twin or Triplet **If so—born** 1st, 2nd, 3rd **8.** No. months of Pregnacy **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Fredrick Bascom Hampton
11. Color or Race white **12.** Age at time of THIS birth 29 yrs.
13. Birthplace Leland (City or town) North Carolina (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Mary Dena Meyers
17. Color or Race white **18.** Age at time of THIS birth 23 yrs.
19. Birthplace Near Genesee, Idaho (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature Dr. John Beck deceased M.D. Midwife Address Date

State of California
County of Los Angeles } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4 above, that I am now 75 years of age, that I have known this person for 45 yrs. 11 mo. years, and that Dr. John (First name) Beck (Last name), who attended this birth Is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Fredrick Bascom Hampton Signature
Genesee, Idaho/P.O. Box #415 P. O. Address

Subscribed and sworn to before me this 18th day of March, 19 42.
(SEAL) Evelyn G. Roberts Notary Public, residing at Los Angeles, Calif.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 28 1942 by , Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

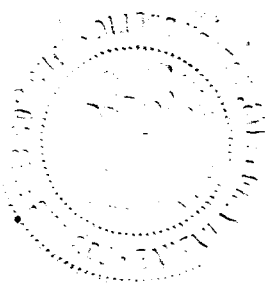
APR 1 1942

MAR 1 3 1968

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of ~~Chapter 191, 1911 Session Laws, has~~ not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



162-125-035-169

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 339024
Local Reg. No.
Reg. Dist. No.

Nezperce N N

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Nezperce (b) City Nezperce
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Own Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years 2 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Nezperce
(c) City Nezperce
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 2 yrs.

3. RESIDENCE OF FATHER (city, state) 2

4. FULL NAME OF CHILD Harry Ebbert Jobe

5. Date of Birth of Child (Month, day, year) June 25 1896

6. Sex Male **7.** Twin or Triplet **If so—born** 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Martin Edward Jobe
11. Color or Race White **12.** Age at time of THIS birth 35 yrs.
13. Birthplace Hillsboro (City or town) Oregon (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Own Farm

MOTHER OF CHILD

16. FULL MAIDEN NAME Fannie Emeline Morrow
17. Color or Race White **18.** Age at time of THIS birth 29 yrs.
19. Birthplace Hillsboro (City or town) Oregon (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business Own Home

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4 Yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (Born alive, stillborn) at ——— A.M. on the date and at the place stated above, and that personal particulars were furnished by Nellie Monroe Kenyon (First name) (Last name), who is related to this child as Aunt (Mother, etc.)

25. Attendant's **OWN** signature Nellie Monroe Kenyon M.D. Midwife Address Kamiah Idaho Date March 24-42

State of ..... } ss.
County of ..... }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature

..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 24 1942 MAR 28 1942 by ..... Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 1 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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859-205-208-294

339307

United States Department of Commerce Bureau of the Census

APR 4 [redacted] sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 339307
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Boise (b) City Sweet
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Private Home
(e) Mother's stay BEFORE delivery: IN THIS county 6 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Boise
(c) City Sweet
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? six yrs.

3. RESIDENCE OF FATHER (city, state) Sweet, Idaho

4. FULL NAME OF CHILD EMMA HAZEL YERGENSON

5. Date of Birth of Child (Month, day, year) June 5, 1896

6. Sex female

7. Twin or Triplet single **If so—born** 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Ephraim Parley Yergenson
11. Color or Race white
12. Age at time of THIS birth 30 yrs.
13. Birthplace Logan, Utah (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Florence Louise Kidman
17. Color or Race white
18. Age at time of THIS birth [redacted]31 yrs.
19. Birthplace Paradise, Utah (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date ____ and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's OWN signature ____ M.D. Midwife ____ Address ____ Date ____

State of Idaho } ss.
County of ____ }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 76 years of age, that I have known this person for [redacted]45 years, and that Mrs. Weltha J. Dill (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Florence L Yergenson signature
Emmett, Idaho P. O. Address

Subscribed and sworn to before me this 30th day of March, 19 42.

(SEAL) Margaret Smoke Notary Public, residing at Emmett, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) My Commission expires October 13, 1944

Received for filing on APR 4 1942 by Mark F Elder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 4 1942

DEC 16 1959

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

231-104-039-453 339312

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

APR 4 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 339312
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County OWYHEE (b) City BRUNEAU
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery: IN THIS county years 8 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State IDAHO (b) County OWYHEE
(c) City BRUNEAU
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 23 yrs.

3. RESIDENCE OF FATHER (city, state) SAME

4. FULL NAME OF CHILD RALPH ALBERT BLACK

5. Date of Birth of Child (Month, day, year) MAR-4-1896

6. Sex MALE

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate?

FATHER OF CHILD

10. FULL NAME JOHN S. BLACK
11. Color or Race WHITE
12. Age at time of THIS birth 36 yrs.
13. Birthplace CAMBRIDGE (City or town) OHIO (State or foreign country)
14. Exact Occupation STOCK MAN
15. Industry or Business STOCK RAISING

MOTHER OF CHILD

16. FULL MAIDEN NAME ALICE GERTRUDE LOVERIDGE
17. Color or Race WHITE
18. Age at time of THIS birth 23 yrs.
19. Birthplace MOUNTAIN CITY (City or town) NEV. (State or foreign country)
20. Exact Occupation HOUSE WIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living YES

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

State of California } ss.
County of Los Angeles }

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 69 years of age, that I have known this person for 46 years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Alice Gertrude Black Signature
1759½ S Plymouth Blvd. P. O. Address

Subscribed and sworn to before me this 1st day of April, 1942

(SEAL) James L Tillman Notary Public, residing at Los Angeles Calif

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 4 1942 by Mabel Fielder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

245-105-004-138

33 9975

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 339375
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bear Lake (b) City Paris
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 29 years 2 months 6 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bear Lake
(c) City Paris
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 29 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Archibald Charles Smedley

5. Date of Birth of Child (Month, day, year) July 5, 1896

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Heber Charles Smedley
11. Color or Race White
12. Age at time of THIS birth 34 yrs.
13. Birthplace Wilmington, (City or town) Deleware (State or foreign country)
14. Exact Occupation
15. Industry or Business Stockman

MOTHER OF CHILD

16. FULL MAIDEN NAME Louisa Athay
17. Color or Race White
18. Age at time of THIS birth 29 yrs.
19. Birthplace Paris, (City or town) Idaho (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho } ss.
County of Ada }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 74 years of age, that I have known this person for 45 years, and that Dr. W. B. West (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Louisa Smedley Signature

1307 Washington, Boise, Idaho P. O. Address

Subscribed and sworn to before me this 8 day of April, 19 42

(SEAL) Louisa Smedley M. Grace Notary Public, residing at Boise, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 8 1942 by Carl Keller, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 5 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

296-12-042-339

339429

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Fremont (b) City Chester
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: none
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 12+ years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City Chester
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 12+ yrs.

3. RESIDENCE OF FATHER (city, state) Chester Idaho

4. FULL NAME OF CHILD Joseph Brown

5. Date of Birth of Child (Month, day, year) April 24 1896

6. Sex male **7.** Twin or Triplet No If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Thomas J. Brown
11. Color or Race White **12.** Age at time of THIS birth 39 yrs.
13. Birthplace North Ogden (City or town) Utah (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Lovina H. Clifford
17. Color or Race White **18.** Age at time of THIS birth 39 yrs.
19. Birthplace North Ogden (City or town) Utah (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum none

23. Number of children of this mother: (a) At time of birth and including this child 10 (b) Born alive and now living 9

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife Address ____ Date ____

State of Idaho } ss.
County of Fremont }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 64 years of age, that I have known this person for 45 years, and that Jane Hathaway (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary B Hathaway Signature
Chester Idaho P. O. Address

Subscribed and sworn to before me this 30 day of March, 1942

(SEAL) Ex Officio, Probate Judge ~~Notary Public~~, residing at ____

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 1 1942 by Mabel Steffen, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 6 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

269-113-003-152

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 339519
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bannock (b) City Pocatello
(c) Street Address or R.F.D. No 334 No Arthur Ave
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery: IN THIS county 10 years 6 months 11 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City Pocatello
(d) Street Address or R.F.D. No. 334 No Arthur
(e) How long has MOTHER lived in Idaho? 11 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Theodore Magnus Sorensen

5. Date of Birth of Child (Month, day, year) Jan 13 1896

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9 Mo

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME James Christian Sorensen
11. Color or Race White
12. Age at time of THIS birth 27 yrs.
13. Birthplace Demstrup (City or town) Denmark (State or foreign country)
14. Exact Occupation Baker & Cabinet Maker
15. Industry or Business Bakery Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Ane Margrethe Jesperson
17. Color or Race White
18. Age at time of THIS birth 24 yrs.
19. Birthplace Odense (City or town) Denmark (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum —

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's OWN signature ..... *M.D.* Midwife Address ..... Date .....

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

State of California } ss.
County of Los Angeles }

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 79 years of age, that I have known this person for 46 years, and that Mrs. McMullen (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ane Margrethe Sorensen Signature
4216 So Raymond Ave Los Angeles P. O. Address

Subscribed and sworn to before me this 26th day of March, 19 42

(SEAL) Eva K Larsen Notary Public, residing at Los Angeles, Calif.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 2 1942 by Mabel E Elsen, Registrar.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

936-071037-944

339522

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 339522
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Owyhee (b) City Bruneau
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county years 9 months 9 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County
   (c) City Bruneau
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 3 yrs.

3. **RESIDENCE OF FATHER** (city, state) Bruneau Idaho

4. **FULL NAME OF CHILD** Erma Ellender Stone

5. Date of Birth of Child (Month, day, year) August 7 1896

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Augustus Wiley Stone
11. Color or Race White
12. Age at time of THIS birth 25 yrs.
13. Birthplace Eureka (City or town) California (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Grace Riddle
17. Color or Race White
18. Age at time of THIS birth 28 yrs.
19. Birthplace Marysville (City or town) California (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at 8-10 2 M. on the date and at the place stated above, and that personal particulars were furnished by Augustus (First name) Stone (Last name), who is related to this child as father (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of } ss.
County of }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 70 years of age, that I have known this person for 46 years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Augustus W Stone Signature

Bly Oregon P. O. Address

Subscribed and sworn to before me this 20 day of March, 1942.

(SEAL) Amy B Neil Notary Public, residing at Bly Oregon

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

NOTARY PUBLIC FOR OREGON
MY COMMISSION EXPIRES OCT. 22, 1945

Received for filing on APR 1 1942 By Mabel Nelson, Registrar.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

231-22-007-276

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 339559
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Blaine (b) City Hailey
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: At Home
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county 17 years 5 months 9 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Blaine
   (c) City Hailey
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 19 yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Anna Leona Blair

5. Date of Birth of Child (Month, day, year) Sept 26 1896

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** Samuel Milo Blair
11. Color or Race White
12. Age at time of THIS birth 28 yrs.
13. Birthplace Caymanville (City or town) Iowa (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ida May Hoosour
17. Color or Race White
18. Age at time of THIS birth 17 yrs.
19. Birthplace Placerville (City or town) Idaho (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date ..... and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife ..... Address ..... Date .....

State of Washington } ss.
County of Lewis }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 65 years of age, that I have known this person for 45 years, and that Mrs. (First name) Mc Coy (Last name), who attended this birth Is now deceased (Is now deceased) or (~~Cannot be located~~) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Ida Blair Signature
Centralia Washington Route #3 P. O. Address

Subscribed and sworn to before me this 5th day of March, 1942.

(SEAL) Lucile Seifert Notary Public, residing at Centralia

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 28 1942 by ..... Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

95-120-044-819

339752

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Washington (b) City Midvale
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 16 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Washington
(c) City Midvale
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 16 yrs.

3. **RESIDENCE OF FATHER** (city, state) Same

4. **FULL NAME OF CHILD** Gilbert Mayne Reavis

5. Date of Birth of Child (Month, day, year) May 20, 1896

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** John J. Reavis
11. Color or Race White
12. Age at time of THIS birth 35 yrs.
13. Birthplace Little Rock, Arkansas (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Frances Jane Harris
17. Color or Race White
18. Age at time of THIS birth 30 yrs.
19. Birthplace Missouri (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum none

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Oregon
County of Multnomah } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the cousin (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 49 years of age, that I have known this person for 46 years, and that Ellen Reavis (First name) (Last name), who attended this birth is deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ruth C Vance Signature

1834 N. E. 38th Ave., Portland, Oregon P. O. Address

Subscribed and sworn to before me this 4th day of April, 19 42

(SEAL) Notary Public, residing at Portland, Oregon

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) My Comm. ex. 9-5-1943

Received for filing on APR 6 1942 by Mabel Nelson, Registrar.

CK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope ST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified requires an advance payment of fifty cents, money order or coin.

APR 8 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

415-230-014-415

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 339777
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Canyon (b) City Middleton
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: none
(e) Mother's stay **BEFORE** delivery: IN **THIS** county — years 6 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Canyon
(c) City Middleton
(d) Street Address or R.F.D. No. —
(e) How long has **MOTHER** lived in Idaho? 8 yrs.

3. RESIDENCE OF FATHER (city, state) Middleton, Idaho

4. FULL NAME OF CHILD Lillian Fae Davis

5. Date of Birth of Child (Month, day, year) 3/30/1896

6. Sex female

7. Twin or Triplet no If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy full time

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Walter Harold Davis
11. Color or Race White
12. Age at time of THIS birth 23 yrs.
13. Birthplace Douglas Co. (City or town) Oregon (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Emma E. Daniels
17. Color or Race White
18. Age at time of THIS birth 20 yrs.
19. Birthplace (City or town) Wisconsin (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Unknown

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

State of Canyon } ss.
County of Ada }

I, the undersigned, being first duly sworn, say that ~~I~~ we are the mother + father (Mother, etc.) of the person whose name appears in Item 4, above, that ~~I~~ father 69 am now 66 years of age, that I have known this person for ..... years, and that Elizabeth Ann Davis (First name) (Last name), who attended this birth deceased (Is now deceased) ~~or (Cannot be located)~~. I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mother x Emma E. Davis Schroda 207 Arrow Ave, Mtn Valley
Father. Walter Harold Davis 1773 Bayview Mtn Valley Calif
Signature P. O. Address

My Commission Expires Dec 3 1945

Subscribed and sworn to before me this 30th day of March, 1942

(SEAL) Notary Public, residing at Mtn Valley

(Note: Perjury is punishable as a felony in Idaho, see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 6 1942 by Mary Keller, Registrar.

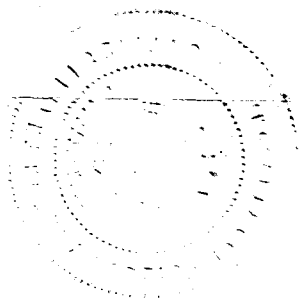
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 8 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



731-13/016-359

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 340054
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Cassia (b) City Stanrod
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Cassia
(c) City Stanrod
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 15 yrs.

3. RESIDENCE OF FATHER (city, state) Stanrod, Idaho

4. FULL NAME OF CHILD Chauncey William Platts

5. Date of Birth of Child (Month, day, year) July 21, 1896

6. Sex

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9 months

9. Legitimate?

FATHER OF CHILD

10. FULL NAME Orson Platts

11. Color or Race White

12. Age at time of THIS birth 50 yrs.

13. Birthplace England (City or town) (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business Farmer

MOTHER OF CHILD

16. FULL MAIDEN NAME Rebecca Lemmon

17. Color or Race White

18. Age at time of THIS birth 40 yrs.

19. Birthplace Waynesboro (City or town) Penna. (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business Farmer

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho } ss.
County of Bannock }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Brother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 57 years of age, that I have known this person for 45 years, and that Wm R T Platts (First name) (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Sherwood L Platts Signature

Burley Idaho Rt 2 P. O. Address

Subscribed and sworn to before me this 2nd day of April, 1942

(SEAL) J. E. Clark Notary Public, residing at Paris Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 6 1942 by [illegible], Registrar.

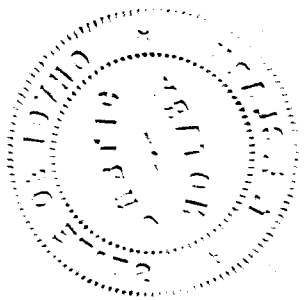
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 10 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



251-124-029-251

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 340100
Local Reg. No.
Reg. Dist. No.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Latah (b) City Viola
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Viola
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 20 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Le Roy Henry William Beasley

5. Date of Birth of Child (Month, day, year) Aug. 24-1896

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Julius Charles Beasley
11. Color or Race White
12. Age at time of THIS birth 38 yrs.
13. Birthplace Lewisburg (City or town) Arkansas (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Sophronia Beasley
17. Color or Race white
18. Age at time of THIS birth 37 yrs.
19. Birthplace Little Rock (City or town) Arkansas (State or foreign country)
20. Exact Occupation Houses wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 9 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date ____ and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife Address ____ Date ____

State of Idaho } ss.
County of Nez Perce }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Uncle (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 69 years of age, that I have known this person for 46 years, and that Unknown (First name) Unknown (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

O O Stewart Signature
1426 - Main st. P. O. Address

Subscribed and sworn to before me this 23 day of March, 1942

(SEAL) O O Stewart Notary Public, residing at Lewiston Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 1 1942 by ____ Registrar.

APR 13 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

797/15004-749

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 340105
Local Reg. No.
Reg. Dist. No.

deceased

1. **PLACE OF BIRTH:**
(a) County Bear Lake (b) City Geneva
(c) Street Address or R F D No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In ~~Hosp.~~ or ~~Mat. Home~~ days. at home
In **THIS** county 3 years months days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State (b) County
(c) City
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? yrs.
(f) Mother's mailing address
3. **RESIDENCE OF FATHER** (city, state) deceased

4. **FULL NAME OF CHILD** Charles Martin Gigy
5. Date of Birth (Month, day, year) Dec. 15, 1896
6. Sex. Male
7. Twin or Triplet
If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** John Gigy
11. Color or Race White
12. Age at time of THIS birth 54 yrs.
13. Birthplace unknown (City or town) France (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Marie Gurdy
17. Color or Race White
18. Age at time of THIS birth 41 years
19. Birthplace unknown (City or town) Switzerland (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 1
(c) Born alive and now dead 2 (d) Stillborn —

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (born alive, stillborn) at 7 A.M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

26. (a) APR 8 1942 (Date received) (b) Mark Weeden (Registrar's signature)

27. Given name added on by (Registrar's signature)

25. Attendant's **OWN** signature Father attended M.D. or (D.O., Midwife, etc.)
and address Date

State of California
County of Riverside
} ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, H. G. Kelly, being first duly sworn, say that I am acquainted with (Related to (or) acquainted with) Charles Martin Gigy (Name of person on certificate above) as Close Friend & Father-in-law (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Father (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

H. G. Kelly Name
Perris, California. P. O. Address

Subscribed and sworn to before me on this 2nd day of April, 1942.

(SEAL) Notary Public, residing at Perris, Calif.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 13 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

819-131 029-643

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 340124

Local Reg. No.

Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Latah (b) City Palouse
(c) Street Address or R.F.D. No. 3
(d) Name of Hospital or Maternity Home: Residence
(e) Mother's stay BEFORE delivery: unknown
IN THIS county ____ years ____ months ____ days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Latah
(c) City P.O. Palouse Wash
(d) Street Address or R.F.D. No. 3
(e) How long has MOTHER lived in Idaho? 33 yrs.

3. RESIDENCE OF FATHER (city, state) Idaho

4. FULL NAME OF CHILD Howard Bryan Harreld

5. Date of Birth of Child (Month, day, year) Mar 31st 1896

6. Sex Male

7. Twin or Triplet ____ If so—born 1st, 2nd, 3rd ____

8. No. months of Pregnacy usual

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME John Henry Harreld
11. Color or Race White **12.** Age at time of THIS birth 36 yrs.
13. Birthplace Marion (City or town) Indiana (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Alice Sarah Fulk
17. Color or Race White **18.** Age at time of THIS birth 22 yrs.
19. Birthplace unknown (City or town) Ill. (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum unknown

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date ____ and at the place stated above, and that personal particulars were furnished by Deceased (First name) (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

State of Idaho } ss.
County of Latah }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Brother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 51 years of age, that I have known this person for 46 years, and that Dr. (First name) Farnham (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Byron Clinton Harreld Signature

P. O. Address

Subscribed and sworn to before me this ____ day of April, 1942, 19____

(SEAL) ____ Notary Public, residing at ____

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 9 1942 by ____, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 13 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective ~~date~~ of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

349 21 7008 - 366

United States Department of Commerce Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 340182

Local Reg. No.

Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Boise (b) City Idaho City
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county ..... years ..... month ..... days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Boise
(c) City Idaho City
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 22 yrs.
(f) Mother's mailing address

3. RESIDENCE of FATHER (city, state)

4. FULL NAME OF CHILD Eleanor Turner

5. Date of Birth (Month, day year) Oct 17 1896

6. Sex Female **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnancy **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME Turner Ashby Turner
11. Color or Race White **12.** Age at time of THIS birth 32 yrs.
13. Birthplace St Bernard La. (City or town) (State or foreign country)
14. Exact Occupation Miner
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Frankie Ann Cooper
17. Color or Race White **18.** Age at time of THIS birth ..... yrs.
19. Birthplace Idaho City Idaho (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date (born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by Frankie Close, who is (First name) (Last name)
related to this child as mother (Mother, etc.)

26. (a) APR 7 1942 (Date received) (b) [signature] (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of Idaho } ss.
County of Ada }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Mrs C G. Close, being first duly sworn, say that I am Mother (Related to (or) acquainted with)
Eleanor Turner as ..... (Name of person on certificate above) (State relationship or acquaintance), whose birth certificate
appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr Newell (Name of attendant at birth), who attended
said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Mrs C G. Close Signature
R-1-Payne, Idaho P. O. Address

Subscribed and sworn to before me on this 27 day of Oct., 1941

(SEAL) [signature] Notary Public, residing at Boise

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 2 6 1962

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

318 - 121 026-435

340185

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Jefferson (b) City Grant
(c) Street Address or R.F.D. No. Rigby rout #I
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay BEFORE delivery: IN THIS county 6 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Jefferson
(c) City Grant. Rigby rout #I
(d) Street Address or R.F.D. No Rigby rout #I
(e) How long has MOTHER lived in Idaho? 6 yrs.

3. RESIDENCE OF FATHER (city, state) Grant Idaho

4. FULL NAME OF CHILD Darwin Fredrick Taylor

5. Date of Birth of Child (Month, day, year) April 21 1896

6. Sex male **7.** Twin or Triplet one If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME Joseph Lake Taylor
11. Color or Race White **12.** Age at time of THIS birth yrs.
13. Birthplace Harrisville (City or town) Utah (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Nancy Elizabeth McEntire
17. Color or Race white **18.** Age at time of THIS birth 29 yrs.
19. Birthplace Smith County (City or town) Virginia (State or foreign country)
20. Exact Occupation house wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date ____ and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife Address ____ Date ____

AFFIDAVIT

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

State of Idaho
County of Jefferson } ss.

I, the undersigned, being first duly sworn, say that I am the brother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 54 years of age, that I have known this person for 45 years, and that Mrs Harriot Dabell (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Darwin R Taylor Signature

Rigby Idaho rout #I P. O. Address

Subscribed and sworn to before me this 4 day of April, 1942

(SEAL) Paul P Stone Notary Public, residing at Ashton, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 9 1942 by ____, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 14 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

413-125 004 415

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 340217
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bear Lake (b) City Montpelier
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: None
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 19 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bear Lake
(c) City Montpelier
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 57 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Charles Leroy Dalton

5. Date of Birth of Child (Month, day, year) 3/25/96

6. Sex Male **7.** Twin or Triplet No If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Charles Sheffield Dalton
11. Color or Race White **12.** Age at time of THIS birth 39 yrs.
13. Birthplace Montpelier, Idaho (City of town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. FULL MAIDEN NAME Sarah Jane Davis
17. Color or Race White **18.** Age at time of THIS birth 30 yrs.
19. Birthplace Brigham City, Utah (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum None

23. Number of children of this mother: (a) At time of birth and including this child One. (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (Born alive, stillborn) at 5:00 A.M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.).

25. Attendant's **OWN** signature Mrs. Elizabeth Bridger M.D. Midwife Address Deceased or unable to locate Date

State of Idaho } ss.
County of }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 76 years of age, that I have known this person for 46 years, and that Mrs. Elizabeth Bridger (First name) (Last name), who attended this birth, is now deceased or can't be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

x Sarah Jane Davis Dalton Signature
726 South Third Ave., Pocatello, Idaho P. O. Address

Subscribed and sworn to before me this 4th day of April, 1942.
(SEAL) Notary Public, residing at Pocatello, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 9 1942 by [illegible] Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 14 1942

APR 23 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

466-101 014 168

340432

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Canyon (b) City Caldwell
(c) Street Address or R.F.D. No. RFD
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Canyon
(c) City Caldwell
(d) Street Address or R.F.D. No. RFD
(e) How long has **MOTHER** lived in Idaho? yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD William Homer Moore

5. Date of Birth of Child (Month, day, year) March 1, 1896

6. Sex male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Hiram Baker Moore
11. Color or Race white
12. Age at time of THIS birth 37 yrs.
13. Birthplace Hendrysburg (City or town) Ohio (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Laura Belle Johnston
17. Color or Race white
18. Age at time of THIS birth 27 yrs.
19. Birthplace Janesville (City or town) Missouri (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum none

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 12:00 noon M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.).

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho } ss.
County of Canyon }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4 above, that I am now 72 years of age, that I have known this person for since birth years, and that Mrs. George Shues (First name) (Last name), who attended this birth now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Laura Moore Jones Signature

Middleton, Idaho P. O. Address

Subscribed and sworn to before me this 6th day of March, 19 42.

(SEAL) Emma E. Thompson Notary Public, residing at Caldwell, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 11 1942 by Mabel Kellogg, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

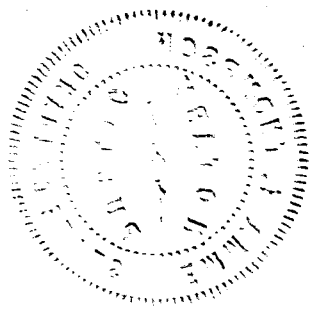
APR 15 1942
AUG 31 1942

JAN 22 1974

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



613-129 029 662

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 340528
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Latah (b) City Viola
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 12 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Viola
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 12 yrs.

3. RESIDENCE OF FATHER (city, state) Viola, Idaho

4. FULL NAME OF CHILD KESTNER HARRISON WALLACE

5. Date of Birth of Child (Month, day, year) Nov. 29, 1896

6. Sex Male **7.** Twin or Triplet no If so—born 1st, 2nd, 3rd Fourth **8.** No. months of Pregnacy **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME CHARLES A. WALLACE
11. Color or Race white **12.** Age at time of THIS birth 31 yrs.
13. Birthplace IOWA (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME MARY LUELLA FOSTER
17. Color or Race white **18.** Age at time of THIS birth 30 yrs.
19. Birthplace INDIANA (City or town) (State or foreign country)
20. Exact Occupation Housework
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Oregon } ss.
County of Benton }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 75 years of age, that I have known this person for 75 years, and that unknown (First name) (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

X Mary Luella Wallace Signature

R. F. D. 3 Junction City, Oregon P. O. Address

NOTARY PUBLIC FOR OREGON
COMMISSION EXPIRES JAN. 30, 1944

Subscribed and sworn to before me this 9th day of April, 19 42

(SEAL) Notary Public, residing at Monroe, Oregon

(Note: Perjury is punishable as a felony in Idaho, see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 13 1942 by , Registrar.

APR 16 1942

MAY 4 1961

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

298-225 001-743

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 340589
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Ada (b) City Boise
(c) Street Address or R.F.D. No. none
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county one years ✓ months ✓ days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Boise
(d) Street Address or R.F.D. No. none
(e) How long has **MOTHER** lived in Idaho? 10 yrs.

3. **RESIDENCE OF FATHER** (city, state) Boise, Idaho

4. **FULL NAME OF CHILD** Elsie Bryant

5. Date of Birth of Child (Month, day, year) Oct. 25th 1896

6. Sex Female

7. Twin or Triplet no If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Francis Marion Bryant
11. Color or Race White
12. Age at time of THIS birth 42 yrs.
13. Birthplace Jackson (City or town) Missouri (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business ✓

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ida Putnam
17. Color or Race White
18. Age at time of THIS birth 28 yrs.
19. Birthplace Unknown (City or town) Arkansas (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business ✓

22. Name prophylactic used to prevent Ophthalmia Neonatorum None

23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

State of Oregon } ss.
County of Klamath }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Brother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 49 years of age, that I have known this person for 45 years, and that Francis Marion Bryant (First name) (Last name), who attended this birth is deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

× Mary F. Bryant Signature

Medford Oregon P. O. Address

Subscribed and sworn to before me this 1st day of April, 19 42

(SEAL) ____ Notary Public, residing at Medford Ore

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

NOTARY PUBLIC STATE OF OREGON
My Commission Expires February 1, 1946

Received for filing on APR 13 1942 by ____, Registrar.

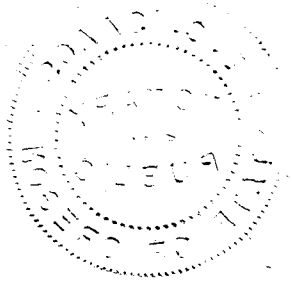
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 17 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such ~~date, such report may be received and filed by the local registrar for~~ record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



754119-007-713

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 340614
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Blaine (b) City Ketchum
(c) Street Address or R F D No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
In **THIS** county 2 years ..... months ..... days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Blaine
(c) City Ketchum
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 5 yrs.
(f) Mother's mailing address Ketchum Idaho

3. **RESIDENCE OF FATHER** (city, state) Ketchum Idaho

4. **FULL NAME OF CHILD** Frank Pedro

5. Date of Birth (Month, day, year) January 19, 1896

6. Sex. male

7. Twin or Triplet no

If so—born 1st, 2nd, 3rd 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Pete Pedro, sometimes known as Pietro Zamperi

11. Color or Race White

12. Age at time of THIS birth 38 yrs.

13. Birthplace Viago, Austria (City or town) (State or foreign country)

14. Exact Occupation Miner

15. Industry or Business mining

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Patti

17. Color or Race White

18. Age at time of THIS birth 28 years

19. Birthplace Turin, Italy (City or town) (State or foreign country)

20. Exact Occupation housewife

21. Industry or Business housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum none

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 3 (c) Born alive and now dead 1 (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

APR 15 1942

26. (a) ..... (Date received) (b) ..... (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. or ..... (D.O., Midwife, etc.)
and address ..... Date

State of Idaho
County of Washington } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Margaret Pedro, being first duly sworn, say that I am related to (Related to (or) acquainted with) Frank Pedro (Name of person on certificate above) as his sister (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that no woman (Name of attendant at birth), who attended said birth, now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Margaret Pedro ..... Name

Weiser, Idaho ..... P. O. Address

Subscribed and sworn to before me on this 13th day of April, 1942

(SEAL) John O. Rawson ..... Notary Public, residing at Weiser, Idaho

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 17 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

962-29 040 845

340689

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Shoshone (b) City Murray
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years 5 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Shoshone
(c) City Murray
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 6.0 yrs.

3. RESIDENCE OF FATHER (city, state) Murray Ida

4. FULL NAME OF CHILD Ethel Edna Robertson

5. Date of Birth of Child (Month, day, year) July 19-1896

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Colvin Robertson

11. Color or Race White

12. Age at time of THIS birth 38 yrs.

13. Birthplace Eugene (City or town) Oregon (State or foreign country)

14. Exact Occupation mining

15. Industry or Business none

MOTHER OF CHILD

16. FULL MAIDEN NAME Clara Hunt

17. Color or Race White

18. Age at time of THIS birth 36 yrs.

19. Birthplace Rochester (City or town) Indiana (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business none

22. Name prophylactic used to prevent Ophthalmia Neonatorum none

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

State of Idaho } ss.
County of Blaine }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 81 years of age, that I have known this person for 45 years, and that Mrs. E. Wendell (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Clara Robertson Signature

Bellevue, Idaho P. O. Address

Subscribed and sworn to before me this 14th day of April, 1942

(SEAL) P. H. McCoy Notary Public, residing at Hailey, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 16 1942 by Mabel H. Erickson, Registrar.

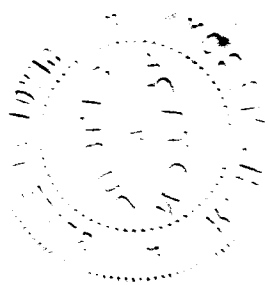
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 17 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



593 203019667

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 340706
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Custer (b) City Challis
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Custer
(c) City Challis
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 51 yrs.

3. RESIDENCE OF FATHER (city, state) Same

4. FULL NAME OF CHILD Gertrude Ada Nickerson

5. Date of Birth of Child (Month, day, year) March 3, 1896

6. Sex Female **7.** Twin or Triplet **If so—born** 1st, 2nd, 3rd **8.** No. months of Pregnacy Full **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Frank Dunton Nickerson
11. Color or Race White **12.** Age at time of THIS birth 29 yrs.
13. Birthplace Searsport, Maine (City or town) (State or foreign country)
14. Exact Occupation Merchant
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Margaret Agnes Fox
17. Color or Race White **18.** Age at time of THIS birth 23 yrs.
19. Birthplace Wilmington, Delaware (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child three (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife Address ____ Date ____

State of Washington
County of Pierce } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 66 years of age, that I have known this person for 46 years, and that Dr. Jacobson (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Margaret Agnes Nickerson Signature

P. O. Address

Subscribed and sworn to before me this 3rd day of April, 1942

(SEAL) Frances Urch Notary Public, residing at Tacoma

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 16 1942 by Mabel McClain, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 17 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

762 1270408 14

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 340714
Local Reg. No. 17
Reg. Dist. No. 146

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Shoshone (b) City Mullan
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Shoshone
(c) City Mullan
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 10 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Henry John Foss

5. Date of Birth of Child (Month, day, year) June 27-1896

6. Sex M

7. Twin or Triplet / If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME John Foss

11. Color or Race W

12. Age at time of THIS birth 33 yrs.

13. Birthplace Norway (City or town) (State or foreign country)

14. Exact Occupation Miner

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Alice K. Hammond

17. Color or Race W

18. Age at time of THIS birth 31 yrs.

19. Birthplace Germany (City or town) (State or foreign country)

20. Exact Occupation HW

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, ~~stillborn~~) at 1.55 P. M. on the date and at the place stated above, and that personal particulars were furnished by Mary (First name) Carson (Last name), who is related to this child as Friend (Mother, etc.)

25. Attendant's **OWN** signature / M.D. Midwife Address Date

State of Idaho } ss.
County of Shoshone }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Friend (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 82 years of age, that I have known this person for 45 years, and that Hedwig (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary J. Carson Signature

Mullan Idaho P. O. Address

Subscribed and sworn to before me this 14 day of April, 1942

(SEAL) Elizabeth E. Wandt Notary Public, residing at Wallace Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Apr-14-1942 APR 16 1942 by Edward Berry Wallace Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy required in advance payment of fifty cents, money order or coin.

APR 17 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

BOTH DELAYED

dup of 1890-338418

295-111-025-249

APR 18 1942

340800

340800

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 340800
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Idaho (b) City Warren
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Idaho
(c) City Warren
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 19 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Abner Brewer

5. Date of Birth of Child (Month, day, year) Jan. 11-96

6. Sex

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate?

FATHER OF CHILD

10. FULL NAME Crosby Brewer

11. Color or Race White **12.** Age at time of THIS birth 29 yrs.

13. Birthplace Ottawa (City or town) Canada (State or foreign country)

14. Exact Occupation miner

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Georgia Ellen Smith

17. Color or Race White **18.** Age at time of THIS birth 19 yrs.

19. Birthplace (City or town) (State or foreign country)

20. Exact Occupation House wife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at 11. A M. on the date and at the place stated above, and that personal particulars were furnished by Georgia Ellen Brewer (First name) (Last name), who is related to this child as mother (Mother, etc.)

25. Attendant's **OWN** signature Frankie Reed. M.D. Midwife Address 1002-N-5. Date April 16-

State of ..... } ss.
County of ..... }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Georgia Ellen Smith Brewer Signature

1201 N. 5 P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 18 1942 by Mary Fielder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 18 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

866/127-029/133

340836

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Latah (b) City Moscow
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 4 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Moscow
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 4 yrs.

3. **RESIDENCE OF FATHER** (city, state) Moscow Idaho

4. **FULL NAME OF CHILD** William Phocion Hooper Jr

5. Date of Birth of Child (Month, day, year) Aug 27 1896

6. Sex Male

7. Twin or Triplet —

If so—born 1st, 2nd, 3rd —

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** William Phocion Hooper

11. Color or Race White

12. Age at time of THIS birth 31 yrs.

13. Birthplace Platsburg (City or town) Mo (State or foreign country)

14. Exact Occupation Merchant

15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Daisy Francis Allphin

17. Color or Race White

18. Age at time of THIS birth 25 yrs.

19. Birthplace Shiloh (City or town) Ill (State or foreign country)

20. Exact Occupation HouseWife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum —

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Washington } ss.
County of Walla Walla }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 78 years of age, that I have known this person for 47 years, and that (First name) (Last name), who attended this birth Can Not be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

W P Hooper Sr. Signature

246 So 2nd St WallaWalla Wash P. O. Address

Subscribed and sworn to before me this 14th day of April, 1942

(SEAL) L. C. Nettleton Notary Public, residing at Walla Walla, Wn.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated)

Received for filing on APR 17 1942 by Hilary Eggleston, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

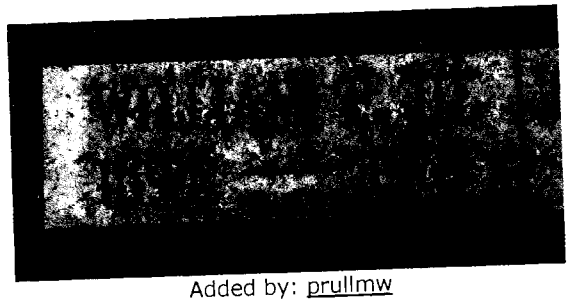
Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DELAYED

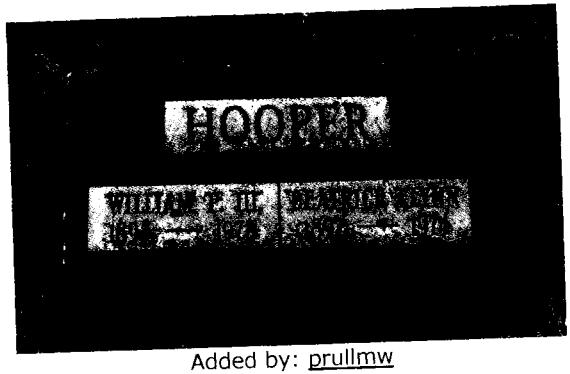
Dr William Phocion 'Will' Hooper, III

Birth: Aug. 27, 1894
Moscow
Latah County
Idaho, USA

Death: Mar. 6, 1978
Santa Clara
Santa Clara County
California, USA



Added by: prullmw



Added by: prullmw

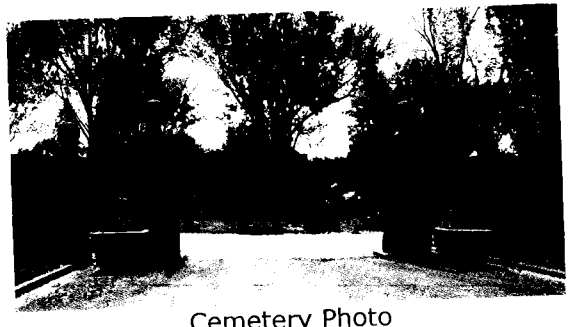
Family links:
Parents:
William P. Hooper (1863 - 1943)
Daisy F. *Allphin* Hooper (1869 - 1931)

Spouse:
Beatrice *Flynn* Hooper (1892 - 1974)

Children:
William Phocian Hooper (1923 - 1990)*

*Calculated relationship

Burial:
Mountain View Cemetery
Walla Walla
Walla Walla County
Washington, USA
Plot: MA-18-134-2



Cemetery Photo
Added by: Carylon Osborn Viuhkola

Created by: C.J.A.
Record added: Oct 12, 2007
Find A Grave Memorial# 22133440

219 126 035 493

340935

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Nezperce (b) City
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Born in Country
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 2 years 1 months 13 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Nezperce
(c) City Nezperce
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 2 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Arlie Floyd Bartelt

5. Date of Birth of Child (Month, day, year) Sept 26-1896

6. Sex male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9 mo

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Charles Herman Bartelt
11. Color or Race white
12. Age at time of THIS birth 38 yrs.
13. Birthplace Oshkosh (City or town) Wisconsin (State or foreign country)
14. Exact Occupation Sawmill foreman
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Lethie Rebecca Miller
17. Color or Race white
18. Age at time of THIS birth 30 yrs.
19. Birthplace Albany (City or town) Oregon (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

State of Washington } ss.
County of Spokane }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 52 years of age, that I have known this person for 46 years, and that Eva (First name) Attens Lowry (Last name) who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Wm. A. Baldwin Signature
Medical Lake P. O. Address

Subscribed and sworn to before me this 15th day of April, 1942.

(SEAL) A. Wells Notary Public, residing at Medical Lake

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 16 1942 by ____, Registrar.

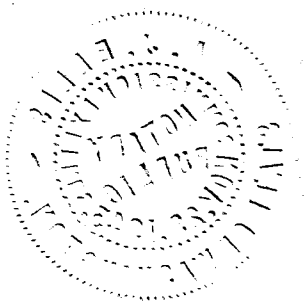
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 2 1 194

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



819 109 002465

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 340981
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Adams (b) City Council
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Adams
(c) City
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 40 yrs.

3. **RESIDENCE OF FATHER** (city, state) Council Ida

4. **FULL NAME OF CHILD** Robert Vernon Harrington

5. Date of Birth of Child (Month, day, year) April 9th 1899

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Robert Goodlock Harrington
11. Color or Race White
12. Age at time of THIS birth yrs.
13. Birthplace Jaysondale (City or town) Kansas (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Lillie Montgomery 24
17. Color or Race White
18. Age at time of THIS birth 34 yrs.
19. Birthplace Madison (City or town) Iowa (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum none

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho } ss.
County of Adams }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 69 years of age, that I have known this person for all his life years, and that Martha A. Montgomery (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Lillie Harrington Signature
Council, Idaho P. O. Address

Subscribed and sworn to before me this 11 day of April, 19 42
(SEAL) Matilda Moss Clerk District Court residing at Council, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

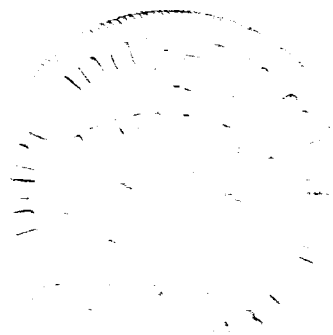
Received for filing on APR 14 1942 by Matilda Moss, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



267-231 007-613

340994

340994

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 340994
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Blaine (b) City Hailey
(c) Street Address or R.F.D. No. —
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county Eight years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Blaine
(c) City Hailey
(d) Street Address or R.F.D. No. —
(e) How long has **MOTHER** lived in Idaho? Eight yrs.

3. RESIDENCE OF FATHER (city, state) Hailey Idaho

4. FULL NAME OF CHILD Sarah Adelia Bogga

5. Date of Birth of Child (Month, day, year) March 31 1894

6. Sex Female **7.** Twin or Triplet If so—born 1st, 2nd, 3rd Fifth **8.** No. months of Pregnacy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME John Angus Bogga
11. Color or Race White **12.** Age at time of THIS birth 31 yrs.
13. Birthplace Ivo Ontario Canada (City or town) (State or foreign country)
14. Exact Occupation Carpenter
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Mary Elizabeth Walker
17. Color or Race White **18.** Age at time of THIS birth 24 yrs.
19. Birthplace Benton (City or town) Wisconsin (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum —
23. Number of children of this mother: (a) At time of birth and including this child Five (b) Born alive and now living Two

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife Address ____ Date ____

State of Idaho } ss.
County of Blaine }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 46 years of age, that I have known this person for Life years, and that ____ (First name) ____ (Last name), who attended this birth Dr. Stone Weston (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary Walker Bogga Signature
Hailey Idaho Address

Subscribed and sworn to before me this 20th day of April, 1942

(SEAL) Phyllis L. Brewer Notary Public, residing at Hailey

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 21 1942 by Mabel Fields, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 21 19[illegible]

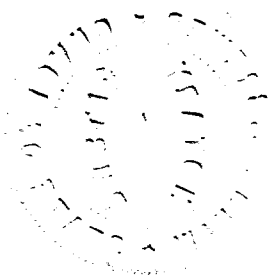
JUL 5 1960

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DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



243-103 020-693

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 341059
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH**
   (a) County Elmore (b) City Bennett
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: Home
   (e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home ____ days. IN **THIS** county ____ years ____ month ____ days

2. **USUAL RESIDENCE of MOTHER** (At time of this birth)
   (a) State Idaho (b) County Elmore
   (c) City Bennett
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 5 yrs.
   (f) Mother's mailing address

3. **RESIDENCE of FATHER** (city, state) Idaho.

4. **FULL NAME OF CHILD** Louis Jefferson Butler

5. Date of Birth (Month, day, year) Aug-3-1941

6. Sex M. 7. Twin or Triplet ____ If so—born 1st, 2nd, 3rd ____ 8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** John Riley Butler
11. Color or Race ____ 12. Age at time of THIS birth ____ yrs.
13. Birthplace Kansas (City or town) (State or foreign country)
14. Exact Occupation Miner.
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Sarah L. Wilson
17. Color or Race ____ 18. Age at time of THIS birth ____ yrs.
19. Birthplace Okla. (City or town) (State or foreign country)
20. Exact Occupation H.W.
21. Industry or Business

22. Name prophylactic used to prevent **Ophthalmia Neonatorum**
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 2 (c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

26. (a) APR 17 1942 (Date received) (b) [signature] (Registrar's signature)

27. Given name added on ____ by ____ (Registrar's signature)

25. Attendant's **OWN** signature [signature] M.D. (D.O., Midwife, etc.) and address Mtn. Home, Ida. Date 4-16-42

State of Idaho
County of Gooding } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Belle Painter, being first duly sworn, say that I am related to (Related to (or) acquainted with) Louis Jefferson Butler (Name of person on certificate above) as Aunt (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ____ (Name of attendant at birth), who attended said birth ____ (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Belle Painter Signature

Gooding, Idaho P. O. Address

Subscribed and sworn to before me on this 16th day of March, 1942

(SEAL) [signature] Notary Public, residing at Gooding

APR 21 1942

APR 2 1965

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

264 713 004 696

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 341078
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Bear Lake (b) City Montpelier
(c) Street Address or R.F.D. No. None
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 4 years 10 months 13 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Bear Lake
(c) City Montpelier
(d) Street Address or R.F.D. No. None
(e) How long has **MOTHER** lived in Idaho? 4 yrs.

3. **RESIDENCE OF FATHER** (city, state) Montpelier, Idaho

4. **FULL NAME OF CHILD** Eugene Frederick Bourne

5. Date of Birth of Child (Month, day, year) Feb. 13, 1896.

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 7

9. Legitimate? Yes.

FATHER OF CHILD

10. **FULL NAME** John Thomas Bourne
11. Color or Race White
12. Age at time of THIS birth 29 yrs.
13. Birthplace Farmington, Utah (City or town) (State or foreign country)
14. Exact Occupation Railroad Conductor.
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Harriett Frost.
17. Color or Race White
18. Age at time of THIS birth 27 yrs.
19. Birthplace Kirby Moorside, England (City or town) (State or foreign country)
20. Exact Occupation Housewife.
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

State of ..... } ss.
County of ..... }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 72 years of age, that I have known this person for 46 years, and that Dr. C. A. Hoover (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Harriett Frost Bourne Signature
755 No. Garfield Ave. P. O. Address

Subscribed and sworn to before me this 17 day of April, 1942

(SEAL) Blanche Hurst Notary Public, residing at Preston Ida.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 20 1942 by ..... Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 21 1942.

APR 18 1977

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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79-105022 355

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 341133
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Fremont (b) City Resburg
(c) Street Address or R.F.D. No. 3
(d) Name of Hospital or Maternity Home: Mothers own home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 16 years 10 months ___ days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City Resburg
(d) Street Address or R.F.D. No. 3
(e) How long has **MOTHER** lived in Idaho? 58 yrs.

3. RESIDENCE OF FATHER (city, state) Resburg Ida.

4. FULL NAME OF CHILD Orrin Melvin Parker

5. Date of Birth of Child (Month, day, year) Apr. 5, 1896

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Parley Pratt Parker

11. Color or Race White

12. Age at time of THIS birth 39 yrs.

13. Birthplace Salt Lake City Utah (City or town) (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business Farming

MOTHER OF CHILD

16. FULL MAIDEN NAME Rhoda Lee

17. Color or Race White

18. Age at time of THIS birth 36 yrs.

19. Birthplace Holdaysburg Utah (City or town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None

23. Number of children of this mother: (a) At time of birth and including this child 9 (b) Born alive and now living 10

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (Born alive, stillborn) at 9 a. M. on the date and at the place stated above, and that personal particulars were furnished by Rhoda Parker (First name) (Last name), who is related to this child as Mother (Mother, etc.).

25. Attendant's **OWN** signature Mary Thom Parker M.D. Midwife Address Resburg Ida Date Apr. 18 42

State of ..... } ss.
County of ..... }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature

..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 20 1942 by Mabel Hedden, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 2 1 1942

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DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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219-111004-231

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 341145
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bear Lake (b) City Georgetown
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 20 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bear Lake
(c) City Georgetown,
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 20 yrs.

3. RESIDENCE OF FATHER (city, state) Georgetown, Idaho.

4. FULL NAME OF CHILD LeGrand Barkdull

5. Date of Birth of Child (Month, day, year) 10/11/1896

6. Sex male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes.

FATHER OF CHILD

10. FULL NAME John M. Barkdull
11. Color or Race white
12. Age at time of THIS birth 32 yrs.
13. Birthplace Farmington, (City or town) Utah (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Jessie G. Black
17. Color or Race white
18. Age at time of THIS birth 28 yrs.
19. Birthplace Pleasant Grove, Utah. (City or town) (State or foreign country)
20. Exact Occupation housewife.
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho, County of Bear Lake, } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 78 years of age, that I have known this person for all his life years, and that Mary B. Black (First name) (Last name), who attended this birth now deceased. (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

John M Barkdull Signature
Montpelier, Idaho. P. O. Address

Subscribed and sworn to before me this 17th day of April, 1942.

(SEAL) Chas E Harris Notary Public, residing at Montpelier, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 20 1942 by Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 21 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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168-129036-315

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 341154
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Oneida (b) City Neeley
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mother's stay **BEFORE** delivery: Born here
   IN **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Oneida
   (c) City Neeley
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 1 yrs.

3. **RESIDENCE OF FATHER** (city, state) Neeley, Idaho

4. **FULL NAME OF CHILD** JESSE LEVIS JOHNSON

5. Date of Birth of Child (Month, day, year) Jan. 29, 1896

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** WILLIAM A. JOHNSON
11. Color or Race WHITE
12. Age at time of THIS birth 33 yrs.
13. Birthplace Tooele, Tooele Co., Utah (City or town) (State or foreign country)
14. Exact Occupation Contractor and Farmer
15. Industry or Business None

MOTHER OF CHILD

16. **FULL MAIDEN NAME** JANETTA LANCE
17. Color or Race White
18. Age at time of THIS birth 27 yrs.
19. Birthplace American Fork, Utah Co. Utah (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business None

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 10

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date ..... and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature Mrs J J Sorensen ~~M.D.~~ Midwife Address Ann Galls Date March 27 1942

State of ..... } ss.
County of ..... }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature

..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 18 1942 by ..... Registrar.

APR 21 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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236-109 016 365

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 341312
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Cassia (b) City Malta
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: born on the farm
(e) Mother's stay BEFORE delivery: IN THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Cassia
(c) City Cassia Creek-no town at
(d) Street Address or R.F.D. No. that time.
(e) How long has MOTHER lived in Idaho? 72 yrs.

3. RESIDENCE OF FATHER (city, state) Malta, Ida

4. FULL NAME OF CHILD William Bryan Scott

5. Date of Birth of Child (Month, day, year) July-9-1896

6. Sex Male **7.** Twin or Triplet no If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME George M. Scott
11. Color or Race Scots **12.** Age at time of THIS birth 56 yrs.
13. Birthplace Stratton (City or town) Scotland (State or foreign country)
14. Exact Occupation rancher
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Maggie Estell Long
17. Color or Race white **18.** Age at time of THIS birth 26 yrs.
19. Birthplace Oakham (City or town) Iowa (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) M. on the date and at the place stated above, and that personal particulars were furnished by Mrs Maggie (First name) E. Scott (Last name), who is related to this child as mother (Mother, etc.). Witnesses to mark

25. Attendant's OWN signature Mary A. Lounsberry her X mark M.D. Midwife Address Albion, Idaho Albion, Idaho Date

State of ... } ss.
County of ... }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 72 years of age, that I have known this person for 45 years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased), or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

x Mrs Maggie E. Scott Signature

Malta, Idaho. P. O. Address

Subscribed and sworn to before me this ... day of ..., 19...

(SEAL) ... Notary Public, residing at ...

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 20 1942 by ..., Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

314 123009-543

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 341320
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bonner (b) City Bonner's Ferry
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 1 years 2 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bonner
(c) City Bonner's Ferry
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 12 yrs.

3. RESIDENCE OF FATHER (city, state) Bonner's Ferry, Ida.

4. FULL NAME OF CHILD Edward Louis Campbell

5. Date of Birth of Child (Month, day, year) Sept. 23, 1896

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd 1st.

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Louis Benjamin Campbell
11. Color or Race White
12. Age at time of THIS birth 22 yrs.
13. Birthplace Sedalia, (City or town) Missouri (State or foreign country)
14. Exact Occupation Blacksmith
15. Industry or Business Great Northern Railroad.

MOTHER OF CHILD

16. FULL MAIDEN NAME Hattie Effie Eutsler
17. Color or Race White
18. Age at time of THIS birth 18 yrs.
19. Birthplace Stockton, (City or town) Calif. (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Florida } ss.
County of Hillsboro }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Brother-in-Law (Mother, etc.) of the person whose name appears in Item 4 above, that I am now 58 years of age, that I have known this person for 45 years, and that Dr. C. Bartlett, Sr. (First name) (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Carmelo La Rue Signature

200 8½ 12th St. Tampa, Fla. P. O. Address

Subscribed and sworn to before me this 18th day of April, 1942

(SEAL) Evelyn Greco Notary Public, residing at 937 Shadowlawn Ave. Tampa, Fla.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing APR 21 1942 by Registrar.

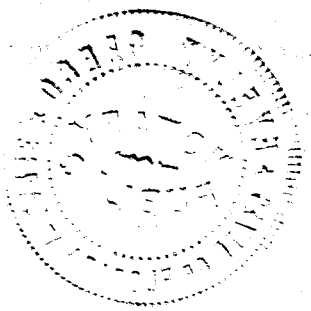
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 24 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



453-229 007 238

United States Department of Commerce · Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 341329
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Blaine (b) City Bellevue
   (c) Street Address or R.F.D. No. Cottonwood St.
   (d) Name of Hospital or Maternity Home: Born at Home
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county 14 years 1 months 11 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Blaine
   (c) City Bellevue
   (d) Street Address or R.F.D. No. Cottonwood St.
   (e) How long has **MOTHER** lived in Idaho? 14 yrs.

3. **RESIDENCE OF FATHER** (city, state) Bellevue, Idaho

4. **FULL NAME OF CHILD** Helen Irene DeLano

5. Date of Birth of Child (Month, day, year) Nov. 29, 1896

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Nathan Carleton DeLano
11. Color or Race White
12. Age at time of THIS birth 45 yrs.
13. Birthplace Cuba, New York (City or town) (State or foreign country)
14. Exact Occupation Merchant
15. Industry or Business General Merchandise

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Emma Tracy Schuh
17. Color or Race White
18. Age at time of THIS birth 24 yrs.
19. Birthplace Falls City, Nebraska (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Boracic Acid Solution

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date ____ and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

State of California } ss.
County of Los Angeles }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 1, above, that I am now 69 years of age, that I have known this person for 45 years, and that Dr. George Marshall (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Emma Tracy DeLano Signature

5603 South Van Ness P. O. Address

Subscribed and sworn to before me this 20th day of April, 1942

NOTARY PUBLIC
IN and for the County of Los Angeles, State of California
MY COMMISSION EXPIRES NOV. 9, 1945

(SEAL) My Commission Expires Nov. ____ Notary Public, residing at 2600 W 54th St. Los Angeles, Calif.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 21 1942 by Mina Keeler, Registrar.

APR 24 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



553-209 004-238

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 341357
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bear Lake (b) City Montpelier
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery: IN THIS county 13 years 5 months 7 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bear Lake
(c) City Montpelier
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 13 yrs.

3. RESIDENCE OF FATHER (city, state) Montpelier Ida

4. FULL NAME OF CHILD Louise Allan Nelson

5. Date of Birth of Child (Month, day, year) Sept. 9. 1896

6. Sex Female **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 Ms. **9.** Legitimate? Yes.

FATHER OF CHILD

10. FULL NAME John. Nelson
11. Color or Race White **12.** Age at time of THIS birth 24 yrs.
13. Birthplace Aalborg (City or town) Denmark (State or foreign country)
14. Exact Occupation B r B. Carpenter
15. Industry or Business Union Pacific Railroad

MOTHER OF CHILD

16. FULL MAIDEN NAME Rose Cathrine Schwach.
17. Color or Race White **18.** Age at time of THIS birth 16 yrs.
19. Birthplace Luzon (City or town) Switzerland (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child One (b) Born alive and now living One

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

State of Idaho } ss.
County of Bear } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 24 above, that I am now 62 years of age, that I have known this person for 45 years, and that Mrs. Hoover (First name) (Last name), who attended this birth Is deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Rose Cathrine Nelson Signature
Montpelier Idaho P. O. Address

Subscribed and sworn to before me this 23rd day of March, 1942
(SEAL) Notary Public, residing at Montpelier Idaho
By [illegible] Deputy.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 21 1942 by ..... Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 24 [illegible]

SEP 22

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

466-129-025 363

341359

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Idaho (b) City White Bird
(c) Street Address or R.F.D. No. –
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county – years – months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Idaho
(c) City White Bird
(d) Street Address or R.F.D. No. –
(e) How long has **MOTHER** lived in Idaho? 3 8 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD William Domnecg

5. Date of Birth of Child (Month, day, year) Mar 29-1896

6. Sex

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy

9. Legitimate?

FATHER OF CHILD

10. FULL NAME John Domnecg
11. Color or Race White **12.** Age at time of THIS birth 36 yrs.
13. Birthplace France (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Helen Colmant
17. Color or Race White **18.** Age at time of THIS birth 27 yrs.
19. Birthplace Pollan (City or town) Mo. (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho } ss.
County of Idaho }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 69 years of age, that I have known this person for 46 years, and that Mrs Holbrook (nurse) (First name) (Last name), who attended this birth is now Deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Helen Domnecg Signature
White Bird Idaho P. O. Address

Subscribed and sworn to before me this 18th day of April, 1942

(SEAL) Marcia C. Stanley Notary Public, residing at White Bird Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 21 1942 by Mary Keeler, Registrar.

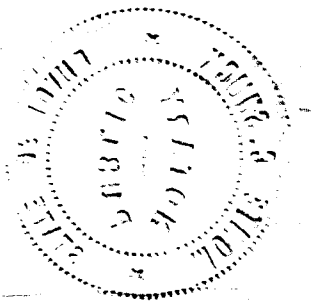
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 24 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



791.113 001-719

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 341381
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Ada (b) City Boise
(c) Street Address or R.F.D. No. 9th & Eastman
(d) Name of Hospital or Maternity Home: Home.
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 8 years 0 months 13 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Boise
(d) Street Address or R.F.D. No. 9th & Eastman
(e) How long has **MOTHER** lived in Idaho? 8 yrs.

3. RESIDENCE OF FATHER (city, state) Boise, Idaho

4. FULL NAME OF CHILD ROBERT EARL GRANT

5. Date of Birth of Child (Month, day, year) Jan. 13, 1896

6. Sex Male

7. Twin or Triplet No. If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Robert Adamson Grant
11. Color or Race White
12. Age at time of THIS birth 34 yrs.
13. Birthplace Wellsville, Utah (City or town) (State or foreign country)
14. Exact Occupation Teamster
15. Industry or Business Contractor

MOTHER OF CHILD

16. FULL MAIDEN NAME Julia Parkinson
17. Color or Race White
18. Age at time of THIS birth 31 yrs.
19. Birthplace Wellsville, Utah (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

State of Idaho } ss.
County of Owyhee }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 76 years of age, that I have known this person ~~X~~ since birth ~~years~~, and that Dr. Prosser (First name) (Last name), who attended this birth ~~is~~ deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Julia P. Grant Signature
Murphy, Idaho P. O. Address

Subscribed and sworn to before me this ..... day of April, 19 42.
(SEAL) ..... Notary Public, residing at Murphy, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 21 1942 by ..... Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 28 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

296-208-201-413

342430

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Ada (b) City Boise
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: Boise Barracks
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county 17 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Ada
   (c) City Boise
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 24 yrs.

3. **RESIDENCE OF FATHER** (city, state) Boise, Idaho

4. **FULL NAME OF CHILD** Laura Nona Bross

5. Date of Birth of Child (Month, day, year) Oct 8, 1896

6. Sex female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Earnest Henry Bross
11. Color or Race white
12. Age at time of THIS birth 28 yrs.
13. Birthplace Chicago (City or town) Illinois (State or foreign country)
14. Exact Occupation Interior Decorator
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Rosetta Katherine Daly
17. Color or Race white
18. Age at time of THIS birth 17 yrs.
19. Birthplace Moberly (City or town) Missouri (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of California
County of Los Angeles } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 62 years of age, that I have known this person for 45 years, and that Dr. Stevenson (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

X Rosetta K. Smith Signature
2518 Bedford St., Los Angeles, Cal. P. O. Address

Subscribed and sworn to before me this 22nd day of April, 19 42

(SEAL) Geneve Stevenson Notary Public, residing at Los Angeles, Cal.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 23 1942 by Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 24 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

652-118-044-819

342500

United States Department of Commerce Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Washington (b) City Near Weiser
(c) Street Address or R.F.D. No. Crystal
(d) Name of Hospital or Maternity Home: In own home
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home ..... days. IN **THIS** county ..... years ..... month ..... days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Washington
(c) City Near Weiser
(d) Street Address or R.F.D. No. (Crystal)
(e) How long has **MOTHER** lived in Idaho? 34 yrs.
(f) Mother's mailing address Weiser, Idaho

3. RESIDENCE of FATHER (city, state) Weiser, Ida.

4. FULL NAME OF CHILD William Jennings Westervelt

5. Date of Birth (Month, day year) 2-18-1896

6. Sex Male **7.** Twin or Triplet No If so—born 1st, 2nd, 3rd **8.** No. months of Pregnancy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Frederick A. Westervelt
11. Color or Race White **12.** Age at time of THIS birth 72 yrs.
13. Birthplace Oridell, (City or town) New Jersey (State or foreign country)
14. Exact Occupation Carpentar
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Elizabeth M. Harris
17. Color or Race White **18.** Age at time of THIS birth 44 yrs.
19. Birthplace Des Moines, Iowa (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum .....
23. Number of children of this mother: (a) At time of birth and including this child 10 (b) Born alive and now living 9 (c) Born alive and now dead 8 (d) Stillborn None

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) APR 22 1942 (Date received) (b) ..... (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of Idaho } ss.
County of Washington }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Mary Ellen Westervelt Dayton, being first duly sworn, say that I am related to (Related to (or) acquainted with) William Jennings Westervelt (Name of person on certificate above) as older sister (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that midwife (Name of attendant at birth), who attended said birth deceased (Is now deceased (or) cannot be located) and that this birth has **not been previously recorded.**

Mary Ellen Westervelt Dayton Signature

..... P. O. Address

Subscribed and sworn to before me on this 20th day of October, 19 41

(SEAL) Fern Hansen Notary Public, residing at Weiser, Idaho

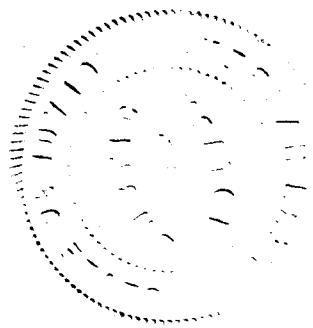
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 24 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



966-215-028-219

342658

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Kootenai (b) City Clarks Fork
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 2 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Kootenai
(c) City Clarks Fork
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 2 yrs.

3. RESIDENCE OF FATHER (city, state) Id

4. FULL NAME OF CHILD Jeanie Marguerite Rowell

5. Date of Birth of Child (Month, day, year) JAN. 15 1896

6. Sex Female **7.** Twin or Triplet **If so—born** 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Simeon Currier Rowell
11. Color or Race White **12.** Age at time of THIS birth 34 yrs.
13. Birthplace New York City (City or town) New York (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Minnie Barnden
17. Color or Race White **18.** Age at time of THIS birth 33 yrs.
19. Birthplace Melbourne (City or town) S. Australia (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Boric acid

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

State of Montana } ss.
County of Missoula }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4 above, that I am now 79 years of age, that I have known this person for 46 years, and that Dr. Liebig Hope Idaho (First name) (Last name) who attended this birth was dead (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Minnie Rowell Signature
Greenough Mont P. O. Address

Subscribed and sworn to before me this 20 day of April, 19 42

(SEAL) Elizabeth McMahon Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

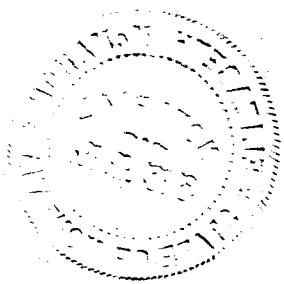
Received for filing on APR 24 1942 by Mary E. Lyon, Registrar.

APR 27

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be ~~received and filed by the local registrar for~~ record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



413-22-0444-867

342694

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 342694
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Washington (b) City Midvale
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Born at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 11 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Washington
(c) City Midvale
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 13 yrs.

3. **RESIDENCE OF FATHER** (city, state) Midvale, Idaho

4. **FULL NAME OF CHILD** Florence Mackey

5. Date of Birth of Child (Month, day, year) Nov. 26, 1896

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** William James Mackey
11. Color or Race White
12. Age at time of THIS birth 43 yrs.
13. Birthplace Holt County, (City or town) Missouri (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ada Hopper
17. Color or Race White
18. Age at time of THIS birth 27 yrs.
19. Birthplace Taney (City or town) Missouri (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

State of California } ss.
County of Riverside }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 72 years of age, that I have known this person for 45 years, and that Nancy (First name) Wiggins (Last name), who attended this birth, Is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Ada MacKey Signature

5001 Arlington, Ave. Riverside, Calif. P. O. Address

Subscribed and sworn to before me this 18th day of April, 1942

(SEAL) R. E. Barningame Notary Public, residing at Riverside Cal.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 23 1942 by Mabel Kilgore, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

363-20-220-415

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 342707
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Elmore (b) City Mountain Home
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Elmore
(c) City Mountain Home
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 46 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Ruth Marie Lockman

5. Date of Birth of Child (Month, day, year) 3-1-1996

6. Sex girl

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy

9. Legitimate?

FATHER OF CHILD

10. FULL NAME Abram Waren Lockman

11. Color or Race white

12. Age at time of THIS birth 40 yrs.

13. Birthplace Canada (City or town) (State or foreign country)

14. Exact Occupation Farmer or

15. Industry or Business Livery stable business

MOTHER OF CHILD

16. FULL MAIDEN NAME Susan Vida Daniels

17. Color or Race white

18. Age at time of THIS birth 37 yrs.

19. Birthplace Missouri (City or town) (State or foreign country)

20. Exact Occupation House wife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date ..... and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

State of Owyhee } ss.
County of Idaho }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the friend (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 63 years of age, that I have known this person for 44 years, and that William F. Smith, M.D. (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

Murphy, Idaho
P. O. Address

Subscribed and sworn to before me this 20th day of April, 1942

(SEAL) Milo Axelsen Notary Public, residing at Murphy, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 24 1942 by Mabel Registrar.

APR 2 7 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

231-103-007-296

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 342717
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Blaine (b) City Stanton
(c) Street Address or R.F.D. No. None
(d) Name of Hospital or Maternity Home: At Home
(e) Mother's stay BEFORE delivery: IN THIS county 3 years 9 months 5 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State IDAHO (b) County Blaine
(c) City Stanton
(d) Street Address or R.F.D. No. None
(e) How long has MOTHER lived in Idaho? 18 yrs.

3. RESIDENCE OF FATHER (city, state) Stanton, Idaho

4. FULL NAME OF CHILD Edwin Eldridge Stanton

5. Date of Birth of Child (Month, day, year) Aug 3, 1896

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9 mo

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Edwin Marion Stanton
11. Color or Race White
12. Age at time of THIS birth 35 yrs.
13. Birthplace Michigan (City or town) (State or foreign country)
14. Exact Occupation Rancher
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Margaret Ellen Brooks
17. Color or Race White
18. Age at time of THIS birth 25 yrs.
19. Birthplace Plaintview, Missouri (City or town) (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Carbolic Acid

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living All.

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. / Midwife Address ..... Date .....

State of California } ss.
County of Los Angeles }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 70 years of age, that I have known this person for 46 years, and that Mrs John Hailey (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located), I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Margaret Ellen Hamblet Signature
551 S. Fremont P. O. Address

Subscribed and sworn to before me this 22 day of April 1942

(SEAL) Alice E. Haney Notary Public, residing at Los Angeles.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 24 1942 by Mabel Miller, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 27 19[illegible]

JUL 24 1953

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



942-212-029-719

342796

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Latah (b) City Moscow
(c) Street Address or R.F.D. No. R.F.D.
(d) Name of Hospital or Maternity Home: None
(e) Mother's stay BEFORE delivery: IN THIS county years 9 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Latah
(c) City R.F.D., Moscow
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 9 yrs.

3. RESIDENCE OF FATHER (city, state) Moscow, Idaho

4. FULL NAME OF CHILD ESTHER AMY RUSAW

5. Date of Birth of Child (Month, day, year) Mar. 12, 1896

6. Sex Female

7. Twin or Triplet No

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Noah Sheffield Rusaw
11. Color or Race White
12. Age at time of THIS birth 34 yrs.
13. Birthplace St. Joseph, (City or town) Missouri (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business None

MOTHER OF CHILD

16. FULL MAIDEN NAME Amy Ella Parrott
17. Color or Race White
18. Age at time of THIS birth 31 yrs.
19. Birthplace Amity, (City or town) Oregon (State or foreign country)
20. Exact Occupation Housewife,
21. Industry or Business None

22. Name prophylactic used to prevent Ophthalmia Neonatorum Don't know

23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's OWN signature Dr. Carathers, now deceased. M.D. Midwife Address None Date

State of Oregon } ss.
County of Umatilla }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the elder sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ~~55~~ 49 years of age, that I have known this person for 46 years, and that Dr. ? (First name) Carathers (Last name), who attended this birth is now deceased, (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

X Marcella Jane Long Signature
Milton, Oregon P. O. Address

Subscribed and sworn to before me this day of April, 19 42.

(SEAL) X M E Blackler Notary Public, residing at Freewater Oregon

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated. My Commission Expires 6/8-42

Received for filing on APR 24 1942 by M E Blackler, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

415-126-007-365

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 342818
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Blaine (b) City Hailey
(c) Street Address or R.F.D. No. 2nd Ave. Spruce
(d) Name of Hospital or Maternity Home: Residence
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 15 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Blaine
(c) City Hailey
(d) Street Address or R.F.D. No. 2nd Ave. Spruce
(e) How long has **MOTHER** lived in Idaho? 59 yrs.

3. **RESIDENCE OF FATHER** (city, state) Hailey, Idaho

4. **FULL NAME OF CHILD** Bryan Alvin Davy

5. Date of Birth of Child (Month, day, year) Nov. 26, 1896

6. Sex male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** James LeRoy Davy
11. Color or Race White
12. Age at time of THIS birth 37 yrs.
13. Birthplace Unknown (City or town) Pennsylvania (State or foreign country)
14. Exact Occupation Teamster
15. Industry or Business Freighting

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Cynthia Anne Long
17. Color or Race White
18. Age at time of THIS birth 27 yrs.
19. Birthplace Stockton (City or town) Missouri (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business none

22. Name prophylactic used to prevent Ophthalmia Neonatorum breast milk

23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date ____ and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

State of Idaho } ss.
County of Blaine }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 72 years of age, that I have known this person for all his life ~~years~~, and that Dr. M. J. Brown (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

x Cynthia Anne Jennings Signature
Hailey, Idaho. P. O. Address

Subscribed and sworn to before me this 23rd day of April, 1942

(SEAL) D. P. Thamm, ~~Notary Public~~, residing at Hailey, Idaho.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 25 1942 by Mabel Teller, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

493-102-044-156

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 342850
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Washington (b) City Weiser Ida.
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Private Home - T. M. Jeffreys
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Wash
(c) City Weiser
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Forrest Brogan Mitchell

5. Date of Birth of Child (Month, day, year) July 2 1896

6. Sex Male

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9 mo

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Alonzo Gurney Mitchell
11. Color or Race White
12. Age at time of THIS birth yrs.
13. Birthplace England (City or town) Oregon (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Dairy

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Aline Jeffreys
17. Color or Race White
18. Age at time of THIS birth yrs.
19. Birthplace Weiser (City or town) Ida (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 10

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Ore
County of Wasco } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 82 years of age, that I have known this person for 45 years, and that Dr. Humbleus (First name) (Last name), who attended this birth Boise Ida. (Aline) (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Alonzo G. Mitchell Signature
Yakima Wn R 7 P. O. Address

Subscribed and sworn to before me this 24 day of April, 1942.

(SEAL) [illegible] Notary Public, residing at The Dalles Ore

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated, 1932.)

NOTARY PUBLIC FOR OREGON
My Commission Expires Oct. 1, 1945

Received for filing on APR 27 1942 by [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 2 5 '42

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of ~~Chapter 191, 1911 Session Laws, has not been recorded, or in case of~~ failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

249-107-014-249

343066

United States Department of Commerce Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 343066
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH**
   (a) County Canyon (b) City Caldwell
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home ____ days. IN **THIS** county ____ years ____ month ____ days

2. **USUAL RESIDENCE of MOTHER** (At time of this birth)
   (a) State Idaho (b) County Canyon
   (c) City Caldwell
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 8 yrs.
   (f) Mother's mailing address Caldwell, Idaho

3. **RESIDENCE of FATHER** (city, state) Same above

4. **FULL NAME OF CHILD** Virgil Marion Smith

5. Date of Birth (Month, day, year) Aug. 7, 1896

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Francis Marion Smith
11. Color or Race White
12. Age at time of THIS birth 45 yrs.
13. Birthplace Barry County, Missouri (City or town) (State or foreign country)
14. Exact Occupation Teamster
15. Industry or Business Freighting

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Carrie Isabelle Smith
17. Color or Race White
18. Age at time of THIS birth 30 yrs.
19. Birthplace Sams Valley, Oregon (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4 (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

26. (a) APR 27 1942 (Date received) (b) ____ (Registrar's signature)

27. Given name added on ____ by ____ (Registrar's signature)

25. Attendant's **OWN signature** ____ M.D. (D.O., Midwife, etc.)
and address ____ Date ____

State of ____ } ss.
County of ____ }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Alta B. Nickschinske, being first duly sworn, say that I am related to (Related to (or) acquainted with) Virgil M. Smith (Name of person on certificate above) as sister (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. Ellen Jones, Mid wife (Name of attendant at birth) who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Alta B. Nickschinske Signature

Pilot Rock, Oregon. P. O. Address

Subscribed and sworn to before me on this 18th day of April 1942

(SEAL)

Notary Public residing at Pilot Rock Oregon

My Commission expires May 15th 1945

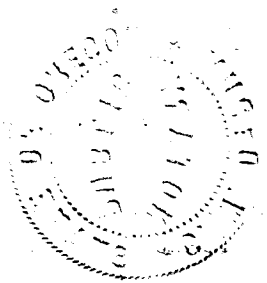
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APR 2 9 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the ~~Bureau of Vital~~ Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



319 221 015 869

343189

United States Department of Commerce Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Caribou (b) City Soda Springs,
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Home of Residence of G. W. Tarr
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county ..... years ..... month ..... days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Caribou
(c) City Soda Springs
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 69 yrs.
(f) Mother's mailing address 311 3rd. Ave., E
3. RESIDENCE of FATHER (city, state) TwinFalls, Id

4. FULL NAME OF CHILD Emma Melvina Tarr

5. Date of Birth (Month, day year) May 21, 1896

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 mo.

9. Legitimate? Yes.

FATHER OF CHILD

10. **FULL NAME** George William Tarr
11. Color or Race White
12. Age at time of THIS birth 26 yrs.
13. Birthplace Bates County (City or town) Missouri (State or foreign country)
14. Exact Occupation Mercantile Store
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Lora Loretta Horsley
17. Color or Race Whi te
18. Age at time of THIS birth 23 yrs.
19. Birthplace Soda Springs (City or town) Idaho (State or foreign country)
20. Exact Occupation
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living 1
(c) Born alive and now dead 2 (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) APR 29 1942 (Date received) (b) ..... (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of Idaho
County of Twin Falls } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, G. W. Tarr, being first duly sworn, say that I am related to (Related to (or) acquainted with) Emma Melvina Tarr (Name of person on certificate above) as father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. Geo. Hubbard (Name of attendant at birth), who attended said birth is deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

George William Tarr Signature

Twin Falls Ida P. O. Address

Subscribed and sworn to before me on this 29 day of April 1942

(SEAL) Thomas R. Wells Notary Public, residing at Twin Falls, Ida

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 3 0 1942

MAY 1 9 1958

SEP 1 0 1973

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

[redacted] birth of a child born prior to the effective date of [redacted] 191, 1937 Session Laws, has not been recorded, or in case of [redacted] any birth which has occurred subsequent to such [redacted] may be received and filed by the local registrar for [redacted] of Vital Statistics for the purposes and uses [redacted] 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

663 110 001 466

343246

343246

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 343246
Local Reg. No.
Reg. Dist. No.

completing this certificate. Mail COMPLETED certificate in envelope ...ties, Boise, Idaho, for filing. No charge for filing. Each certified ...er or coin.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Ada (b) City Boise
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Boise
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Harry Gillum now Harry J. Foley

5. Date of Birth of Child (Month, day, year) 8/10/96

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9 Mo

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Mack Gillum (now deceased)
11. Color or Race White
12. Age at time of THIS birth 21 yrs.
13. Birthplace State of Indiana (City or town) (State or foreign country)
14. Exact Occupation Painter
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Altha ~~Lane~~ Dunning
17. Color or Race White
18. Age at time of THIS birth 21 yrs.
19. Birthplace Miama County, Kansas (City or town) (State or foreign country)
20. Exact Occupation
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

Name changed to Harry J. Foley by Order of the Garland Circuit Court, State of Arkansas, on April 14, 1942. Authentic copy of Order for Change of Name, No. 6679, filed this 18th day of April, 1942.

Director, Bureau of Vital Statistics, Boise Idaho.

Use only BLACK ink or BLACK Record typ... bearing FIRST-CLASS postage to State Bu... copy requires an advance payment of fifty

State of Arkansas } ss.
County of Garland }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 76 years of age, that I have known this person for 45½ years, and that ..... (First name) ..... (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Altha Gillum Signature

Country Club Lane, Hot Springs, Ark. P. O. Address

Subscribed and sworn to before me this 24th day of April, 1942

(SEAL) John E. Jones, Circuit Clerk Notary Public, residing at Hot Springs, Ark.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 27 1942 by ..... Registrar.

MAY 1 1942

Order filed in Adoption file under Gillum, Harry

DELAYED

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

156-126 004-229

343339

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bear Lake (b) City Montpelier
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Private home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 19 years 9 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bear Lake
(c) City Montpelier
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 63 yrs.

3. RESIDENCE OF FATHER (city, state) Montpelier, Ida.

4. FULL NAME OF CHILD Elmer Jewett

5. Date of Birth of Child (Month, day, year) Jan. 26, 1896

6. Sex male

7. Twin or Triplet single If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME John Samuel Jewett
11. Color or Race white **12.** Age at time of THIS birth 31 yrs.
13. Birthplace Yorkshire, England (City or town) (State or foreign country)
14. Exact Occupation Railroading
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Sarah Jane Skinner
17. Color or Race white **18.** Age at time of THIS birth 19 yrs.
19. Birthplace Providence, Utah (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum none

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date ..... and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

State of Idaho } ss.
County of Bear Lake }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 66 years of age, that I have known this person for 46 years, and that Anna Hiller (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Sarah Jane Jewett Signature

Montpelier, Idaho P. O. Address

Subscribed and sworn to before me this 29th day of April, 1942.

(SEAL) Lesi Allred Notary Public, residing at Montpelier Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 30 1942 by ..... Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 8 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

643-219-035-693 MAY 4 1942

343356

United States Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 343356
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Nez Perce (b) City Lewiston, Idaho
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Nez Perce
(c) City Lewiston
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 11 yrs.

3. RESIDENCE OF FATHER (city, state) Lewiston, Ida.

4. FULL NAME OF CHILD Elsie Eliza Fuller

5. Date of Birth of Child (Month, day, year) June 19, 1896

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME William Sylvester Fuller
11. Color or Race White
12. Age at time of THIS birth 28 yrs.
13. Birthplace Emmett, (City or town) Idaho (State or foreign country)
14. Exact Occupation Cowboy
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Mattie Wilson
17. Color or Race White
18. Age at time of THIS birth 22 yrs.
19. Birthplace Carthage, (City or town) Missouri (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho } ss.
County of Ada }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 67 years of age, that I have known this person for 46 - (6-9-42) years, and that Rev. J. B. Morris (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mattie Fuller Signature

P. O. Address

Subscribed and sworn to before me this 4 day of May, 1942

(SEAL) Edith A. Church Notary Public, residing at Boise Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 4 1942 by Mark Feltner, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 4 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

261-231 029-435

343431

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Latah (b) City Genessee
(c) Street Address or R.F.D. No. Gen. Del.
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 1 years 8 months – days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Genessee
(d) Street Address or R.F.D. No. Gen. Del.
(e) How long has **MOTHER** lived in Idaho? 1 yrs.

3. RESIDENCE OF FATHER (city, state) Genessee, Idaho

4. FULL NAME OF CHILD Gem Swank

5. Date of Birth of Child (Month, day, year) Dec. 31, 1896

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME John Swank
11. Color or Race White
12. Age at time of THIS birth 54 yrs.
13. Birthplace Corydon, (City or town) Indiana (State or foreign country)
14. Exact Occupation Retired Stockman
15. Industry or Business – –

MOTHER OF CHILD

16. FULL MAIDEN NAME Mary Elizabeth Mc Neil
17. Color or Race White
18. Age at time of THIS birth 27 yrs.
19. Birthplace Pulaski, (City or town) Tennessee (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business – –

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date ____ and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife Address ____ Date ____

State of TEXAS
County of KERR } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the HALF-SISTER (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 62 years of age, that I have known this person for 46 years, and that Dr. Carrol (First name) Connant, Sr. (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. E. Clyde Strauch Signature

Kerrville, Texas. P. O. Address

Subscribed and sworn to before me this 11th day of April, 1942

(SEAL) Jno. R. Leonard Co. Clerk Notary Public, residing at Kerrville, Texas.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 1 1942 by Mabel McFadden, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 4 1942

JUL 25 1958

JUL 19 1963

DEC 3 1975

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any ~~birth which has occurred subsequent~~ to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

209-213-025-255

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 343470
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Idaho (b) City Grangeville
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At farm home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 20 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Idaho
(c) City Grangeville
(d) Street Address or R.F.D. No. On farm
(e) How long has **MOTHER** lived in Idaho? 21 yrs.

3. RESIDENCE OF FATHER (city, state) Grangeville, Idaho

4. FULL NAME OF CHILD Altha Mamie Kerlee

5. Date of Birth of Child (Month, day, year) July 13, 1896

6. Sex Female

7. Twin or Triplet no

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Coleman Lemuel Kerlee

11. Color or Race white

12. Age at time of THIS birth 42 yrs.

13. Birthplace Taylorsville (City or town) North Carolina (State or foreign country)

14. Exact Occupation farmer

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Eliza Benoy

17. Color or Race white

18. Age at time of THIS birth 28 yrs.

19. Birthplace Madison (City or town) Wisconsin (State or foreign country)

20. Exact Occupation housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum do not know

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

State of Washington } ss.
County of Asotin }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 73 years of age, that I have known this person for 45 years, and that Mrs. Phoebe (First name) Stillwell (Last name), who attended this birth, is believed deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Eliza Kerlee Signature

Clarkston, Washington P. O. Address

Subscribed and sworn to before me this 28 day of April, 19 42.

(SEAL) Burt C. Nelsen Notary Public, residing at Clarkston, Wash.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 30 1942 by ____, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY [illegible] 1949

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

414710-021832

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 343521
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Franklin (b) City Weston
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at own residence
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 33 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Franklin
(c) City Weston
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 33 yrs.

3. RESIDENCE OF FATHER (city, state) Weston Idaho

4. FULL NAME OF CHILD Milton Marion Maughan

5. Date of Birth of Child (Month, day, year) Oct 10, 1896

6. Sex Male **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME John Maughan Jr.
11. Color or Race white **12.** Age at time of THIS birth 34 yrs.
13. Birthplace Weston (City or town) Idaho (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. FULL MAIDEN NAME Agnes Olsen
17. Color or Race white **18.** Age at time of THIS birth 33 yrs.
19. Birthplace Weston (City or town) Idaho (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum 1 percent silver nitrate
23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living 8

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at 4:00 A.M. on the date and at the place stated above, and that personal particulars were furnished by Agnes Olsen Maughan (First name) (Last name), who is related to this child as mother (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho } ss.
County of Franklin }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 79 years of age, that I have known this person for 46 years, and that Maria (First name) Maughan (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located), I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Agnes Olsen Maughan Signature

P. O. Address

Subscribed and sworn to before me this 20 day of April, 1942.

(SEAL) Thomas Preston Notary Public, residing at Weston Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 4 1942 by Mabel Weston, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 5 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

843 108037 843

343694

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Owyhee (b) City Bruneau
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 13 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Owyhee
(c) City Bruneau
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 13 yrs.

3. RESIDENCE OF FATHER (city, state) Bruneau

4. FULL NAME OF CHILD George Andrew Hutchison

5. Date of Birth of Child (Month, day, year) July 8, 1896

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME John Hutchison

11. Color or Race White

12. Age at time of THIS birth 33 yrs.

13. Birthplace North Fork Utah (City or town) (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Ella Hutchison

17. Color or Race White

18. Age at time of THIS birth 21 yrs.

19. Birthplace Nevada City Missouri (City or town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Silver Nitrate

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of } ss.
County of }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 47 years of age, that I have known this person for 45 years, and that Bertha (First name) Jones (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Ella Hutchison Signature

Bruneau Idaho P. O. Address

Subscribed and sworn to before me this 30 day of April, 1942

(SEAL) George A. Mills Notary Public, residing at Bruneau

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated)

Received for filing on MAY 2 1942 by , Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

364-22022-689

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 344051
Local Reg. No.
Reg. Dist. No.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County FREMONT (b) City LAKE P.O.
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: NONE
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State IDAHO (b) County FREMONT
   (c) City LAKE POST OFFICE
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 7 yrs.

3. **RESIDENCE OF FATHER** (city, state) LAKE IDAHO

4. **FULL NAME OF CHILD** JESSIE ELIZABETH COURTNEY

5. Date of Birth of Child (Month, day, year) NOV 22 1896

6. Sex FEMALE

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? YES

FATHER OF CHILD

10. **FULL NAME** JAMES S COURTNEY
11. Color or Race WHITE
12. Age at time of THIS birth 27 yrs.
13. Birthplace CENTER JUNCTION (City or town) IOWA (State or foreign country)
14. Exact Occupation FARMER
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** LILLIE MAY WHITMAN
17. Color or Race WHITE
18. Age at time of THIS birth 19 yrs.
19. Birthplace ST LOUIS (City or town) MISSOURI (State or foreign country)
20. Exact Occupation HOUSE WIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child NONE (b) Born alive and now living YES

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of IDAHO } ss.
County of GEM }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the MOTHER (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 64 years of age, that I have known this person for 45 years, and that MRS. (First name) GARNER (Last name), who attended this birth IS NOW DECEASED (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Lillie May Courtney Signature

R.F. #1, EMMETT, IDAHO P. O. Address

Subscribed and sworn to before me this day of May, 19 42.

(SEAL) Notary Public, residing at Emmett, Ida.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

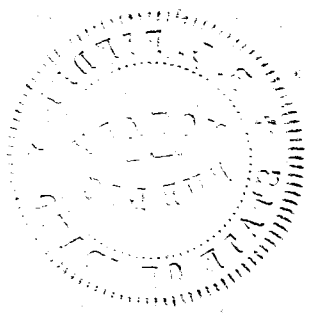
Received for filing on MAY 6 1942 by , Registrar.

MAY 9 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



168-118031765

344057

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Lewis (b) City Kamiah
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 1 years 6 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Lewis
(c) City Kamiah
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 8 yrs.

3. RESIDENCE OF FATHER (city, state) same

4. FULL NAME OF CHILD Ralph Alonzo Johnston

5. Date of Birth of Child (Month, day, year) Sept 18, 1896

6. Sex Male

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME A Charles Johnston

11. Color or Race White

12. Age at time of THIS birth 37 yrs.

13. Birthplace Sweden (City or town) (State or foreign country)

14. Exact Occupation Carpenter

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Amanda J. Jones

17. Color or Race White

18. Age at time of THIS birth 25 yrs.

19. Birthplace Auburn, Oregon (City or town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at 2:00 A M. on the date and at the place stated above, and that personal particulars were furnished by Amanda Johnston (First name) (Last name) who is related to this child as mother (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Washington } ss.
County of Spokane }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 71 years of age, that I have known this person for years, and that A Cynthia McCarthy (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Amanda Johnston Hamel Signature

235 W College Ave. P. O. Address

Subscribed and sworn to before me this 5 day of MAY, 19

(SEAL) Notary Public, residing at Spokane

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 6 1942 by Mabel Fiedler, Registrar.

MAY 9 19

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

215-131-022-154

344082

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 344082
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Fremont (b) City St Anthony
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At Home
(e) Mother's stay **BEFORE** delivery: Two years One year days
IN **THIS** county

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City St Anthony
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 29 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Ernest Henry Sa nders

5. Date of Birth of Child (Month, day, year) Dec 31 1896

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy

9. Legitimate Yes

FATHER OF CHILD

10. FULL NAME Henry Christopher Sanders
11. Color or Race White
12. Age at time of THIS birth 33 yrs.
13. Birthplace Denmark (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Caroline Martina Anderson
17. Color or Race White
18. Age at time of THIS birth yrs.
19. Birthplace Ogden Utah (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Alive (Born alive, stillborn) at 3- A M. on the date and at the place stated above, and that personal particulars were furnished by Caroline Anderson (First name) (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature Caroline Martena Anderson M.D. Midwife Address Dander Date

State of California
County of San Diego } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 68 years of age, that I have known this person for 45 years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

My Commission Expires March 26, 1945.

Caroline Martena Anderson Dander Signature

Chula Vista Calif. Rt I Box 297-D P. O. Address

Subscribed and sworn to before me this 5th day of May 19 42

(SEAL) Hearn E Brallier Notary Public, residing at

My Commission Expires March 26, 1945

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 6 1942 by Mabel Kelsey, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 1 1 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

814 109 014 667

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 344163
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Canyon (b) City Middleton
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: Res. Home
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county 3 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Canyon
   (c) City Middleton
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 3 yrs.

3. **RESIDENCE OF FATHER** (city, state) Middleton IDAHO

4. **FULL NAME OF CHILD** Guy Francis Hadsall

5. Date of Birth of Child (Month, day, year) DEC. 9 - 1896

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Perry D. Hadsall
11. Color or Race White
12. Age at time of THIS birth 37 yrs.
13. Birthplace Sabine (City or town) Pelmara (State or foreign country)
14. Exact Occupation Breeder of fine horses
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mernie Myrtle Fox
17. Color or Race White
18. Age at time of THIS birth 31 yrs.
19. Birthplace Cleland (City or town) Nebraska (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife Address ____ Date ____

State of Idaho } ss.
County of Canyon }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 58 years of age, that I have known this person for 45 years, and that Mrs. Dan Masterson (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Beulah Hadsall Signature
Middleton, Idaho P. O. Address

Subscribed and sworn to before me this 6 day of May, 1942

(SEAL) Lura H. Stark Notary Public, residing at Middleton, Ida.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 8 1942 by ____ Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 13 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

261 227 029 E64

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 344182
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Latah (b) City
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: At home
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county 6 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Latah
   (c) City
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 14 yrs.

3. **RESIDENCE OF FATHER** (city, state) Latah Co., Ida.

4. **FULL NAME OF CHILD** Frances Sarah Swartz

5. Date of Birth of Child (Month, day, year) Aug. 27, 1896

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** John Jacob Swartz
11. Color or Race White
12. Age at time of THIS birth 46 yrs.
13. Birthplace Clearfield (City or town) Co. Penna. (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farmer

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Alice May Fouts
17. Color or Race White
18. Age at time of THIS birth 26 yrs.
19. Birthplace Buchanan (City or town) Co., Iowa (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum Do not know

23. Number of children of this mother: (a) At time of birth and including this child 5th (b) Born alive and now living Yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date ____ and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

State of Oregon } ss.
County of Multnomah }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 72 years of age, that I have known this person for ——— years, and that ——— (First name) Dr. Gritman (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

NOTARY PUBLIC FOR OREGON
MY COMMISSION EXPIRES FEB. 4, 1944

Alice May Fouts Swartz Signature
6426 N. Denver Av., Portland, Or. P. O. Address

Subscribed and sworn to before me this 23rd day of April, 19 42

(SEAL) E. M. Moltzner Notary Public, residing at Portland, Oregon

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 8 1942 by Mabel W. Hodgson, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 12 1949

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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344208

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County IDAHO (b) City WHITE BIRD
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: NONE
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 4 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State IDAHO (b) County IDAHO
(c) City WHITE BIRD
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 4 years yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD ISAAC HAMES OLNEY

5. Date of Birth of Child (Month, day, year) FEB 7, 1896

6. Sex MALE

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9 mo

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME JOHN CHESTER OLNEY
11. Color or Race WHITE
12. Age at time of THIS birth 29 yrs.
13. Birthplace MISSOURI (City or town) (State or foreign country)
14. Exact Occupation FARMER
15. Industry or Business FARMING

MOTHER OF CHILD

16. FULL MAIDEN NAME ALVIRA ISABELL ALDRICH
17. Color or Race WHITE
18. Age at time of THIS birth 19 yrs.
19. Birthplace SWEET HOME OREGON (City or town) (State or foreign country)
20. Exact Occupation HOUSE WIFE
21. Industry or Business HOME

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Nez Perce } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 66 years of age, that I have known this person for 46 years, and that MARY (First name) JEWELL (Last name), who attended this birth ~~IS NOW DECEASED~~ (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Gloria Isabell Olney Signature
Culdesac Idaho P. O. Address

Subscribed and sworn to before me this 25 day of April, 1942
(SEAL) Paul M. Hyatt Notary Public, residing at Lewiston

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 4 1942 by Mabel E. Fuller, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 1 2 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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942-128029-168

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 344231
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Latah (b) City Troy
   (c) Street Address or R.F.D. No. Gen. Del.
   (d) Name of Hospital or Maternity Home: at Home
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county 7 years 4 months 22 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Latah
   (c) City Troy
   (d) Street Address or R.F.D. No. Gen. Del.
   (e) How long has **MOTHER** lived in Idaho? 45 yrs.

3. **RESIDENCE OF FATHER** (city, state) Troy Idaho

4. **FULL NAME OF CHILD** Victor Gottfred Ruberg

5. Date of Birth of Child (Month, day, year) July 28, 1896

6. Sex Male

7. Twin or Triplet Single If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9mo.

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Gustav Ruberg
11. Color or Race White
12. Age at time of THIS birth 36 yrs.
13. Birthplace Manhattan (City or town) Sweden (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Clara Johnson
17. Color or Race White
18. Age at time of THIS birth 29 yrs.
19. Birthplace Manhattan (City or town) Sweden (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Fact Not Known

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date ..... and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

State of Idaho } ss.
County of Nez Perce }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 74 years of age, that I have known this person for 45 years, and that Mrs John Larsson (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Clara [illegible] Anderson ..... Signature

Rout 1 Box 9a Clarkston ..... P. O. Address

Subscribed and sworn to before me this 6th day of May, 1942 Wash.

(SEAL) Maurice White ..... Notary Public, residing at Lewiston, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 8 1942 by [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 2 9 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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349 113 040 636

344242

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 344242
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Shoshone (b) City Mullan
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: none
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 3 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Shoshone
(c) City Mullan
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 3 yrs.

3. **RESIDENCE OF FATHER** (city, state) Mullan, Ida.

4. **FULL NAME OF CHILD** Michael Joseph Curran

5. Date of Birth of Child (Month, day, year) Oct 13, 1896

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Martin Curran
11. Color or Race White
12. Age at time of THIS birth 43 yrs.
13. Birthplace Roscommon (City or town) Ireland (State or foreign country)
14. Exact Occupation Mining Supt
15. Industry or Business Mining

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Belle F Flood
17. Color or Race White
18. Age at time of THIS birth 30 yrs.
19. Birthplace Hamilton (City or town) Ohio (State or foreign country)
20. Exact Occupation
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Ada } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the brother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 48 years of age, that I have known this person for 46 years, and that Dr. Charles V. Genaway (First name) (Last name), who attended this birth is now incapacitated (Is now deceased) or (Cannot be located) on account of illness. I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

John Martin Curran Signature

811 Eastman St. Boise Idaho P. O. Address

Subscribed and sworn to before me this 9th day of May, 19 42

(SEAL) Henry Hilton Notary Public, residing at Boise, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on May 12, 1942 by Mabel Hilton, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 12 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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344284

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 344284
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Canyon (b) City Parma
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: residence
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 5 years 6 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Canyon
(c) City Parma
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 5½ yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Albert Eugene Nelson

5. Date of Birth of Child (Month, day, year) 2-20-1896

6. Sex male

7. Twin or Triplet no If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Axel Nelson
11. Color or Race white
12. Age at time of THIS birth 34 yrs.
13. Birthplace Broby, Sweden (City or town) (State or foreign country)
14. Exact Occupation placer mining
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Louisa Emaline Small
17. Color or Race white
18. Age at time of THIS birth 28 yrs.
19. Birthplace Brooklyn, Indiana (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum no physician

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date ____ and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

State of Idaho } ss.
County of Ada }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 74 years of age, that I have known this person for 45 years, and that Mrs. (First name) Monkers (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Louisa Emaline Nelson Signature
Boise Idaho 1905 Euclid Ave. P. O. Address

Subscribed and sworn to before me this 11 day of February, 19 42

(SEAL) Catherine N. Robertson Notary Public, residing at Boise, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 16 1942 by Mary F. Taylor, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

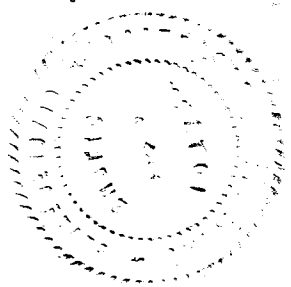
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DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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912-131-007-533

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 344321
Local Reg. No.
Reg. Dist. No.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Blaine (b) City Hailey
(c) Street Address or R.F.D. No. X
(d) Name of Hospital or Maternity Home: X
(e) Mother's stay **BEFORE** delivery: IN **THIS** county Blaine years 7 months 4 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Blaine
(c) City Hailey
(d) Street Address or R.F.D. No. X
(e) How long has **MOTHER** lived in Idaho? 7 yrs.

3. RESIDENCE OF FATHER (city, state) Hailey Idaho

4. FULL NAME OF CHILD George Ellsworth Rabens

5. Date of Birth of Child (Month, day, year) Aug-31, 1896

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME George Henry Rabens
11. Color or Race White
12. Age at time of THIS birth 38 yrs.
13. Birthplace Cincinnati (City or town) Iowa Ohio (State or foreign country)
14. Exact Occupation Hardware
15. Industry or Business Hardware Store

MOTHER OF CHILD

16. FULL MAIDEN NAME Ella Pierce Ellsworth
17. Color or Race White
18. Age at time of THIS birth 28 yrs.
19. Birthplace Boise City (City or town) Idaho (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Same

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born Alive (Born alive, stillborn) at 10 A.M. Monday M. on the date and at the place stated above, and that personal particulars were furnished by Rose (First name) Fisher (Last name), who is related to this child as Aunt (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

State of Iowa } ss.
County of Wapello }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Aunt (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 69 years of age, that I have known this person for 45 years, and that Dr. (First name) Brown (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Rose Fisher Signature
310 North St Ottumwa Ia P. O. Address

Subscribed and sworn to before me this APR 16 1942 day of ____, 19____

(SEAL) G S Hallen Notary Public, residing at Ottumwa Iowa

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated)

Received for filing on MAY 11 1942 by Mabel Keller, Registrar.

MAY 13 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

249-226 001-286

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 344410
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Ada (b) City Boise
(c) Street Address or R.F.D. No. 1002 10th st
(d) Name of Hospital or Maternity Home: at home.
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 10 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho. (b) County Ada.
(c) City Boise.
(d) Street Address or R.F.D. No. 2.
(e) How long has **MOTHER** lived in Idaho? 40 yrs.

3. RESIDENCE OF FATHER (city, state) Boise Idaho.

4. FULL NAME OF CHILD Florence Crittenton Smith

5. Date of Birth of Child (Month, day, year) March 26 1896.

6. Sex Female. **7.** Twin or Triplet **If so—born** 1st, 2nd, 3rd

8. No. months of Pregnacy 9 **9.** Legitimate?

FATHER OF CHILD

10. FULL NAME William Booker Smith
11. Color or Race White **12.** Age at time of THIS birth 26 yrs.
13. Birthplace Independance (City or town) Jackson Co Missouri (State or foreign country)
14. Exact Occupation Retired Druglss Dr.
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Era Elizabeth Shawver Smith
17. Color or Race White **18.** Age at time of THIS birth 24 yrs.
19. Birthplace America (City or town) City Kansas Nemaha Co (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child..... (b) Born alive and now living.....

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was..... (Born alive, stillborn) at.....M. on the date and at the place stated above, and that personal particulars were furnished by..... (First name) (Last name), who is related to this child as..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of California } ss.
County of Ventura }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 69 years of age, that I have known this person for all of her life years, and that Mrs Rube Robbins (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

My Commission Expires June 5, 1942

Mrs Era Whitlock Signature
176 E Barnett Ventura Calif P. O. Address

Subscribed and sworn to before me this 7th day of May, 1942.

(SEAL) Nellie E Holt Notary Public, residing at Ventura Calif

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 11 1942 by Mabel Helsley, Registrar.

MAY 14 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

-469-113039-993

344448

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Power (b) City Neeley
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Power
(c) City Neeley
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Earnest Robert morgan

5. Date of Birth of Child (Month, day, year) aug 13-1896

6. Sex mail

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy

9. Legitimate?

FATHER OF CHILD

10. FULL NAME Edward Thomas morgan
11. Color or Race white
12. Age at time of THIS birth 28 yrs.
13. Birthplace Oake City (City or town) Utah (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business millard county

MOTHER OF CHILD

16. FULL MAIDEN NAME Nilet Richardson
17. Color or Race White
18. Age at time of THIS birth 21 yrs.
19. Birthplace Richmond (City or town) Utah (State or foreign country)
20. Exact Occupation house wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho } ss.
County of Jefferson }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 73 years of age, that I have known this person for 45 years, and that Dr. (First name) Chapman (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located), I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Edward Thomas Morgan Signature

P. O. Address

Subscribed and sworn to before me this 11 day of May, 19 42

(SEAL) Emma P. Miller Notary Public, residing at Ririe Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 12 1942, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 14 19

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

613 116 044 281

344730

United States Department of Commerce Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.

Local Reg. No.

Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Washington (b) City Weiser
(c) Street Address or R.F.D. No. R. F. D.
(d) Name of Hospital or Maternity Home: In own home
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home .....days. IN **THIS** county Life years. month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Washington
(c) City Weiser
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? Life yrs.
(f) Mother's mailing address Rt. 1 Weiser, Idaho

3. RESIDENCE of FATHER (city, state) Weiser, Idaho

4. FULL NAME OF CHILD Thomas Sydney Waldrop

5. Date of Birth (Month, day year) Sept. 16, 1896

6. Sex Male

7. Twin or Triplet - -

If so—born 1st, 2nd, 3rd - -

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Sydney Thomas Waldrop

11. Color or Race White

12. Age at time of THIS birth 44 yrs.

13. Birthplace Richhill, Mo. (City or town) (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Lottie Elfrada Shaw

17. Color or Race White

18. Age at time of THIS birth 20 yrs.

19. Birthplace Weiser, Washington Co. Idaho (City or town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2 (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) MAY 14 19[illegible] (Date received) (b) Maud K Fraser (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of Idaho
County of Washington } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Lottie Elfrada Waldrop, being first duly sworn, say that I am related to (Related to (or) acquainted with) Thomas Sydney Waldrop (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Numbers (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Lottie Elfrada Waldrop Signature

Rt. 1 Weiser, Idaho P. O. Address

Subscribed and sworn to before me on this 12th day of May, 1942

(SEAL) Fern Hanson Notary Public, residing at Weiser, Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 16 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

265-124-025-995

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 344864
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Idaho (b) City Idaho
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at Private Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 6 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Idaho
(c) City Kentenville
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 6 yrs.

3. RESIDENCE OF FATHER (city, state) Kenterville Ida

4. FULL NAME OF CHILD FRANK EDWARD SONNEN — Frank Edward Sonnen

5. Date of Birth of Child (Month, day, year) July 24, 1896

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME EDWARD SONNEN — Edward Sonnen

11. Color or Race White

12. Age at time of THIS birth 27 yrs.

13. Birthplace Chicago (City or town) Illinois (State or foreign country)

14. Exact Occupation Farming

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME THERESA RIEMAN — Theresa Rieman

17. Color or Race White

18. Age at time of THIS birth 26 yrs.

19. Birthplace Pontoplin (City or town) Illinois (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Don't Knows

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

State of Idaho } ss.
County of Idaho }

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 71 years of age, that I have known this person for over 17 years, and that Dr. H. D. Polat (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located), I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Theresia Sonnen Signature

Cottonwood, Idaho P. O. Address

Subscribed and sworn to before me this 6th day of May 1942

(SEAL) Notary Public, residing at Orangeville Ida.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 9 1942 by ..... Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

523-107-029-314

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 344901
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Latah (b) City Moscow
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 14 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Moscow
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 28 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Samuel Leonard Estes

5. Date of Birth of Child (Month, day, year) April 3, 1896

6. Sex male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Thomas Archibald Estes
11. Color or Race White
12. Age at time of THIS birth 24 yrs.
13. Birthplace Littlerock (City or town) Arkansas (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Anna Josephine Campbell
17. Color or Race White
18. Age at time of THIS birth 30 yrs.
19. Birthplace Oregon City, (City or town) Oregon (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 3. (b) Born alive and now living 3.

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date ..... and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife ..... Address ..... Date .....

State of Washington } ss.
County of Pierce }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 66 years of age, that I have known this person for 46 years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Anna Josephine (Estes) Kiddlestone Signature

3714 Fort "G" Tacoma, Wash. P. O. Address

Subscribed and sworn to before me this 11th day of May, 19 42

(SEAL) M. McNeil Notary Public residing at Tacoma, Wash.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Notary Public in and for the State of Washington residing at TACOMA

Received for filing on MAY 15 1942 by Mabel Fuller, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 19 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

512-) 05 : 003-169

344932

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bannock (b) City Soda Springs
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: —
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bannock
   (c) City Soda Springs
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 59 yrs.

3. **RESIDENCE OF FATHER** (city, state) Soda Springs Ida

4. **FULL NAME OF CHILD** Richard Gorton Eastman

5. Date of Birth of Child (Month, day, year) Nov. 5, 1896

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes.

FATHER OF CHILD

10. **FULL NAME** Landis Carlton Eastman
11. Color or Race White
12. Age at time of THIS birth 41 yrs.
13. Birthplace Oskaloosa Kansas (City or town) (State or foreign country)
14. Exact Occupation Druggist
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Caroline Marion Doran
17. Color or Race White
18. Age at time of THIS birth 29 yrs.
19. Birthplace Salt Lake City Utah (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at 12 noon M. on the date and at the place stated above, and that personal particulars were furnished by Caroline M. Doran Eastman (First name) (Last name) who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho } ss.
County of Caribou }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 77 years of age, that I have known this person for 45 years, and that Dr Hoover (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Caroline Eastman Signature

Soda Springs Idaho P. O. Address

Subscribed and sworn to before me this 27th day of May, 1942

(SEAL) [illegible] Notary Public, residing at Soda Springs

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 14 1942 by [illegible], Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 23 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

255 · 212 · 019 - 212

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 344939
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Custer (b) City Houston
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at own home.
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 7 years — months — days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Custer
(c) City Houston
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 7 yrs.

3. RESIDENCE OF FATHER (city, state) Houston, Ida

4. FULL NAME OF CHILD Emily Kent

5. Date of Birth of Child (Month, day, year) June 12, 1896

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9.

9. Legitimate? yes.

FATHER OF CHILD

10. FULL NAME Sidney Herbert Kent

11. Color or Race white

12. Age at time of THIS birth 47 yrs.

13. Birthplace Whitelaise (City or town) England (State or foreign country)

14. Exact Occupation Rancher

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Emily Baker

17. Color or Race white

18. Age at time of THIS birth 39 yrs.

19. Birthplace Cardiff (City or town) wales (State or foreign country)

20. Exact Occupation Home wife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date ..... and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. / Midwife Address ..... Date .....

State of ..... } ss.
County of ..... }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the alder brother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 60 years of age, that I have known this person for 45 years, and that Mrs Sarah Evans (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located), I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Bert Kent ..... Signature

..... P. O. Address

Subscribed and sworn to before me this 14 day of May, 1942.

(SEAL) ..... Notary Public, residing at Malad, Idaho

My Commission Expires Aug. 1, 1945

(Note: Perjury is punishable as a felony in Idaho, see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 18 1942 by ..... Registrar.

JUL 27 1959

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

693-11-02264

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 344968
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Fremont (b) City Lamanville
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: none
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City Lamanville
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 1 yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Jarrett N. Williams

5. Date of Birth of Child (Month, day, year) Sat. Jan. 11, 1896

6. Sex Male. 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnacy 9 9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** David H. Williams
11. Color or Race White 12. Age at time of THIS birth 22 yrs.
13. Birthplace Council Bluffs (City or town) Iowa (State or foreign country)
14. Exact Occupation Farmer.
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ella Mae Hough
17. Color or Race White 18. Age at time of THIS birth 23 yrs.
19. Birthplace Council Bluffs (City or town) Iowa (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Utah } ss.
County of Davis }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 69 years of age, that I have known this person for 46 years, and that Mrs. DaBelle (First name) (Last name), who attended this birth (Is now deceased) or ~~(Cannot be located)~~. I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Ella Mae Hough Williams Signature
Bountiful Utah P. O. Address

Subscribed and sworn to before me this 12 day of May, 19 42

(SEAL) Leland H. Sessions Notary Public, residing at Bountiful, Utah

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 18 1942 by Mary E. Peterson, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

243-228-028-312

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 345011
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Kootenai (b) City Hayden Lake
(c) Street Address or R.F.D. No. 1
(d) Name of Hospital or Maternity Home: At Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 6 years months 15 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Kootenai
(c) City Hayden Lake
(d) Street Address or R.F.D. No. 1
(e) How long has **MOTHER** lived in Idaho? 51 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Lillian Buckle

5. Date of Birth of Child (Month, day, year) 6/28/1896

6. Sex female **7.** Twin or Triplet no If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME Joseph Buckle
11. Color or Race White **12.** Age at time of THIS birth 41 yrs.
13. Birthplace Stark County, (City or town) Ohio (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Mary Ann Casey
17. Color or Race White **18.** Age at time of THIS birth 32 yrs.
19. Birthplace Waukeshaw, (City or town) Wisconsin (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum 2% Silver nitrate & or argyrol

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date ..... and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

State of Idaho } ss.
County of Kootenai }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 77 years of age, that I have known this person for 45 years, and that Dr. Frank (First name) Wenz (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Mary Buckle Signature
Hayden Lake, Idaho P. O. Address

Subscribed and sworn to before me this 13th day of May, 19 42

(SEAL) Notary Public, residing at Coeur d'Alene, Ida.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-814, Idaho Code Annotated.)

Received for filing on MAY 16 1942 by Mabel Fuller, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 29 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

618-216-042263

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 345976
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Shoshone (b) City Murray
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mother's stay **BEFORE** delivery: **IN THIS** county 2 years 6 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Shoshone
   (c) City Murray
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 3/4 yrs.

3. **RESIDENCE OF FATHER** (city, state) Murray Idaho

4. **FULL NAME OF CHILD** Christine Elizabeth Wahner

5. Date of Birth of Child (Month, day, year) Feb 16, 1896

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Herman Wahner
11. Color or Race White
12. Age at time of THIS birth 41 yrs.
13. Birthplace Oberscheden (City or town) Germany (State or foreign country)
14. Exact Occupation Miner
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Emilie Bettenberg
17. Color or Race White
18. Age at time of THIS birth 33 yrs.
19. Birthplace Niederschelden (City or town) Germany (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 9

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Washington } ss.
County of Spokane }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 54 years of age, that I have known this person for 45 years, and that Mrs. August DeMuth (First name) (Last name), who attended this birth, is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary J. Wahner Signature

1507 W. Sharon Ave., Spokane, Wash. P. O. Address

Subscribed and sworn to before me this 1st day of June, 1942

(SEAL) Otto Dean Notary Public, residing at Spokane

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated)

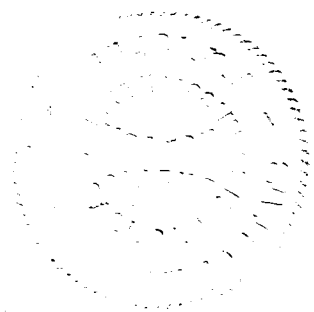
Received for filing on MAY 18 1942 by Mark Keller, Registrar.

MAY 22 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



493-119-007-349

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 346212
Local Reg. No.
Reg. Dist. No.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Blaine (b) City Hailey
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 10 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Blaine
(c) City Hailey
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? ~~x~~ 56 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Mannie Hugh Mills

5. Date of Birth of Child (Month, day, year) Jan. 19, 1896

6. Sex male

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Mannington Mills
11. Color or Race white
12. Age at time of THIS birth 42 yrs.
13. Birthplace Devonshire (City or town) England (State or foreign country)
14. Exact Occupation Miner
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Clara Agnes Turner
17. Color or Race white
18. Age at time of THIS birth ~~42~~ 40 yrs.
19. Birthplace Glossashire (City or town) England (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 11 (b) Born alive and now living 11

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

State of Idaho } ss.
County of Blaine }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 86 years of age, that I have known this person for ..... years, and that Dr. Riggins (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Clara Agnes Mills Signature
Hailey, Idaho P. O. Address

Subscribed and sworn to before me this 7th day of May, 19 42

(SEAL) Joseph M. Gald Notary Public, residing at Hailey, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated)

Received for filing on MAY 20 1942 by Mabel F. Gleason, Registrar.

MAY 23 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

141-123-203-813

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 346265
Local Reg. No.
Reg. Dist. No.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bannock (b) City Pocatello
(c) Street Address or R.F.D. No. 428 No. Harrison
(d) Name of Hospital or Maternity Home: at place of residence
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 4 years 3 months 6 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City Pocatello Ida
(d) Street Address or R.F.D. No. 428 No Harrison
(e) How long has **MOTHER** lived in Idaho? 41 yrs.

3. RESIDENCE OF FATHER (city, state) Pocatello Idaho

4. FULL NAME OF CHILD Frank Charles Adamson

5. Date of Birth of Child (Month, day, year) Sept. 23-1896

6. Sex Male **7.** Twin or Triplet **If so—born** 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME Charles Edward Adamson
11. Color or Race White **12.** Age at time of THIS birth 37 yrs.
13. Birthplace Lexington Mo. (City or town) (State or foreign country)
14. Exact Occupation Machinist
15. Industry or Business Union Pacific R.R.Co.

MOTHER OF CHILD

16. FULL MAIDEN NAME Nellie Clare Hatton
17. Color or Race White **18.** Age at time of THIS birth 24 yrs.
19. Birthplace Pensacola Florida (City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. / Midwife Address ..... Date .....

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

State of Idaho } ss.
County of Bannock }

I, the undersigned, being first duly sworn, say that I am the Sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 47 years of age, that I have known this person for 45 years, and that Dr. B. C. Rooke (First name) (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Ethel Ellis Signature
829 No Arthur Pocatello Ida P. O. Address

Subscribed and sworn to before me this 4 day of May, 1942.

(SEAL) ..... Notary Public, residing at Pocatello Ida

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 4 1942 by ..... Registrar.

MAY 23 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

284-20-1037-445

346364

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Owhee (b) City Bruneau
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 5 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Owhee
(c) City Bruneau
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 51 yrs.

3. RESIDENCE OF FATHER (city, state) Challis Idaho

4. FULL NAME OF CHILD Vina Shull

5. Date of Birth of Child (Month, day, year) 3-7-96

6. Sex

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Perry Shull
11. Color or Race White **12.** Age at time of THIS birth 32 yrs.
13. Birthplace Winchester (City or town) Illinois (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business general

MOTHER OF CHILD

16. FULL MAIDEN NAME Eleanor Caroline Duncan
17. Color or Race White **18.** Age at time of THIS birth 22 yrs.
19. Birthplace Tipton (City or town) KANSAS (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Lysol

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. / Midwife — Address — Date

State of Idaho } ss.
County of Custer }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 68 years of age, that I have known this person for 46 years, and that Wm Jim (First name) Bridges Jr. (Last name), who attended this birth, Cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Eleanor C. Duncan Shull — Signature

Challis Idaho — P. O. Address

Subscribed and sworn to before me this 15th day of May, 1942

(SEAL) John Boyd Custer Co. Idaho — Notary Public, residing at Challis Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated) By Frank Bennett Dep

Received for filing on MAY 21 1942 by , Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 15 1959

MAY 25 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

571-21-028-453

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 346366
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County KOOTENAI (b) City BONNERS FERRY
(c) Street Address or R.F.D. No. GENERAL DELIVERY
(d) Name of Hospital or Maternity Home: BIRTH OCCURED AT HOME
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years 6 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State IDAHO (b) County KOOTENAI
(c) City BONNERS FERRY
(d) Street Address or R.F.D. No. GENERAL DELIVERY
(e) How long has **MOTHER** lived in Idaho? 6 MONTHS

3. RESIDENCE OF FATHER (city, state) BONNERS FERRY, IDA.

4. FULL NAME OF CHILD MARY ELLEN EGAN

5. Date of Birth of Child (Month, day, year) MAY 17, 1896

6. Sex FEMALE

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? YES

FATHER OF CHILD

10. FULL NAME JAMES WILLIAM EGAN SR.
11. Color or Race WHITE
12. Age at time of THIS birth 29 yrs.
13. Birthplace BELLEHAC, COUNTY WEXFORD (City or town) IRELAND (State or foreign country)
14. Exact Occupation COOK
15. Industry or Business RESTAURANT

MOTHER OF CHILD

16. FULL MAIDEN NAME JULIA ALICE DELEHANTY
17. Color or Race WHITE
18. Age at time of THIS birth 19 yrs.
19. Birthplace KILKENNY (City or town) MINNESOTA (State or foreign country)
20. Exact Occupation HOUSEWIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum UNKNOWN

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife ..... Address ..... Date .....

State of IDAHO, County of KOOTENAI } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the FATHER (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 75 years of age, that I have known this person for 46 years, and that DR. (First name) BARKER (Last name), who attended this birth UNKNOWN (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

James W Egan Sr
Signature

BONNERS FERRY, IDAHO
P. O. Address

Subscribed and sworn to before me this 19th day of May, 1942

(SEAL) PROBATE JUDGE
~~Notary Public~~, residing at BONNERS FERRY, IDAHO

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated)

Received for filing on MAY 21 1942 by Mabel Nelson, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 25 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

659-230-206-843

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 346409
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bingham (b) City Idaho Falls
(c) Street Address or R.F.D. No. r
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay BEFORE delivery: IN THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bingham
(c) City Idaho Falls
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 3 yrs.

3. RESIDENCE OF FATHER (city, state) Idaho Falls Idaho

4. FULL NAME OF CHILD Ada Eugena Wernett

5. Date of Birth of Child (Month, day, year) November 30 1896

6. Sex female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Edward Frances Wernett

11. Color or Race white

12. Age at time of THIS birth 24 yrs.

13. Birthplace Effingham (City or town) Illinois (State or foreign country)

14. Exact Occupation farmer

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Ida May Hutchinson

17. Color or Race white

18. Age at time of THIS birth 22 yrs.

19. Birthplace Belmont (City or town) Iowa (State or foreign country)

20. Exact Occupation House wife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date ____ and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

State of Washington
County of Franklin } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 68 years of age, that I have known this person for 46 years, and that Mrs. Lindgerin, neighbor (First name) (Last name), who attended this birth now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ida Wernett Signature

Route 1, box 269, Pasco, Washington P. O. Address

Subscribed and sworn to before me this 18 day of May, 19 42

(SEAL) Cora Jean Howard Notary Public, residing at Pasco

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 22 1942 by ____, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 25 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

255 -218-D06-366-

346420

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bingham (b) City Blackfoot
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at home.
(e) Mother's stay BEFORE delivery: IN THIS county ___ years ___ months ___ days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bingham
(c) City Blackfoot
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 1 yrs.

3. RESIDENCE OF FATHER (city, state) Blackfoot Idaho.

4. FULL NAME OF CHILD Alice Irene Benedict.

5. Date of Birth of Child (Month, day, year) April 18 1896

6. Sex

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9.

9. Legitimate? Yes.

FATHER OF CHILD

10. FULL NAME Clarence Albert Benedict

11. Color or Race White

12. Age at time of THIS birth 43 yrs.

13. Birthplace Ill. (City or town) (State or foreign country)

14. Exact Occupation Farmer.

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Laura Mae Cowlin.

17. Color or Race White

18. Age at time of THIS birth 32 yrs.

19. Birthplace Hobart Ind. (City or town) (State or foreign country)

20. Exact Occupation Housewife.

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ___ (Born alive, stillborn) at ___ M. on the date and at the place stated above, and that personal particulars were furnished by ___ (First name) (Last name), who is related to this child as ___ (Mother, etc.)

25. Attendant's **OWN** signature ___ M.D. Midwife Address ___ Date ___

State of Iowa } ss.
County of Polk }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 9 above, that I am now 79 years of age, that I have known this person for 46 years, and that Lucy Moore (First name) (Last name), who attended this birth 6 (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Clarence A. Benedict Signature

1417 Maple St. Des Moines Ia. P.O. Address

Subscribed and sworn to before me this 14th day of May, 1942

(SEAL) R. Hobart Notary Public, residing at Des Moines Ia.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 21 1942 by Mabel Keller, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 25 1942

JUN 13 1960

MAY 21 1986

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

863-104-030-451

346424

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Lemhi (b) City Salmon
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Lemhi
(c) City Salmon
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 5 9 yrs.

3. **RESIDENCE OF FATHER** (city, state) Salmon Idaho

4. **FULL NAME OF CHILD** Thomas Homer Holbert

5. Date of Birth of Child (Month, day, year) 11-4-1896

6. Sex Male

7. Twin or Triplet No

If so—born 1st, 2nd, 3rd —

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Thomas Blackburn Holbert
11. Color or Race White
12. Age at time of THIS birth 47 yrs.
13. Birthplace West Virginia (City or town) (State or foreign country)
14. Exact Occupation Engineer
15. Industry or Business Freighted

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Caroline DeStley
17. Color or Race White
18. Age at time of THIS birth 33 yrs.
19. Birthplace Missouri (City or town) (State or foreign country)
20. Exact Occupation
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child X4 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Madison } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4 above, that I am now 79 years of age, that I have known this person for 46 years, and that W. L. Whitwell (First name) (Last name), who attended this birth (Is now deceased) ~~or (Cannot be located)~~. I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary Caroline DeStley Holbert Signature

Rexburg Idaho P. O. Address

Subscribed and sworn to before me this 6 day of May, 19 42

(SEAL) Otto E. Bergmann Notary Public, residing at Rexburg Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 22 1942 by Mabel Keeler, Registrar.

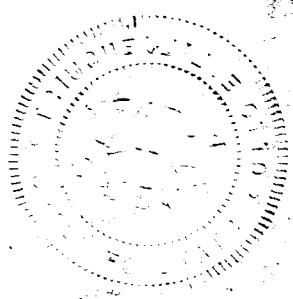
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 2 [illegible] 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



545-124-003-921

346494

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bannock (b) City Lund
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 1 years 2 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City Lund
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 1 yrs.

3. RESIDENCE OF FATHER (city, state) [redacted] Lund Ida

4. FULL NAME OF CHILD Erick Theodore Edvalson

5. Date of Birth of Child (Month, day, year) July 24, 1896

6. Sex male **7.** Twin or Triplet **If so—born** 1st, 2nd, 3rd **8.** No. months of Pregnacy 8 **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME Carl Patrick Edvalson
11. Color or Race white **12.** Age at time of THIS birth 25 yrs.
13. Birthplace Kvalbalesmang (City or town) Sweden (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Cecelia Isaacson
17. Color or Race white **18.** Age at time of THIS birth 21 yrs.
19. Birthplace Huntsville (City or town) Utah (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

State of Oregon } ss.
County of Union }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 70 years of age, that I have known this person for 45 years, and that Mrs Peck (First name) (Last name), who attended this birth (Is now deceased) or (~~Cannot be located~~). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Carl Patrick Edvalson Signature
Union Ore P. O. Address

Subscribed and sworn to before me this 19 day of May, 1942

(SEAL) Leroy D. Smith Notary Public, residing at Union Ore

(Note:—Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 22 1942 by ..... Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 26 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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255-126-031-395

346502

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 346502
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Lewis (b) City Forest
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 7 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Lewis
(c) City
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 7 yrs.

3. RESIDENCE OF FATHER (city, state) Forest, Idaho

4. FULL NAME OF CHILD Stanley Sneve

5. Date of Birth of Child (Month, day, year) Feb. 26, 1896

6. Sex Male **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Hans H. Sneve
11. Color or Race White **12.** Age at time of THIS birth 29 yrs.
13. Birthplace Opdal (City or town), Norway (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Carrie Lien
17. Color or Race White **18.** Age at time of THIS birth 27 yrs.
19. Birthplace Opdal (City or town) Norway (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

State of Idaho } ss.
County of Latah }

I, the undersigned, being first duly sworn, say that I am the aunt (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 67 years of age, that I have known this person for 46 years, and that Martha Lien (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Caroline Lien Aas Signature
Moscow Idaho P. O. Address

Subscribed and sworn to before me this 30th day of May, 1942.

(SEAL) Ella Schooler Notary Public, residing at Moscow

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 22 1942 by Mabel Ehlers, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. _____ State File No. 346527

Prim. Registration District No. _____ Local Registrar's No. _____

1. PLACE OF BIRTH
County of Washington
City of Weiser, Ida.
No. _____ St. _____
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Myrtle Jones (no middle name).

3. Sex Female | If plural births: 4. Twin, triplet, or other _____ 5. Number, in order of birth _____ | 6. Premature _____ Full term _____ | 7. Legitimate? yes | 8. Date of birth Dec. 9th 1896 (Month, Day, Year)

FATHER

9. Full name Stephen David Jones
10. Residence (usual place of abode) (If non-resident, give place and State) Weiser Ida
11. Color or race White 12. Age at last birthday 34 (years)
13. Birthplace (city or place) (State or Country) Arkansas

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____
16. Date (month and year) last engaged in this work _____, 19____ 17. Total time (years) spent in this work _____

MOTHER

18. Full maiden name Laura Amanda Gray
19. Residence (usual place of abode) (If non-resident, give place and State) Weiser Ida
20. Color or race White 21. Age at last birthday 23 (years)
22. Birthplace (city or place) (State or Country) _____

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. _____
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____
25. Date (month and year) last engaged in this work _____, 19____ 26. Total time (years) spent in this work _____

27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____

28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 2 (b) Born alive but now dead 1 (c) Stillborn _____

29. If stillborn, period of gestation _____ months or weeks | 30. Cause of stillbirth _____ Before labor _____ During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ at _____ m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____ (Date of)

(Signed) Laura Amanda Gray Jones M. D.
Mother ~~Midwife~~
or _____
Address 2660 Main St Baker Ore

Filed MAY 22 1942, 193__ _____ Registrar.

_____ Registrar.

DELAYED

165-209-044-791

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Idaho
County of Washington } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Laura Amanda Gray Jones being first duly sworn says that
She is the mother of Myrtle Jones
(Relationship of child)*
born Dec. 9th 1896 at Weiser, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that She desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said Myrtle Jones hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Dr. Shirley M. D. was the Midwife
medical attendant at the birth of said Myrtle Jones and that
the said medical attendant is Deceased
(Now deceased (or) cannot be located)

Name of Affiant Laura Amanda Gray Jones
P. O. Address 2330 Auburn Ave Baker Oregon

Subscribed and sworn to before me this 12" day of September, 1941

MAY 22 1942

Notary Public.

Residing at MY COMMISSION EXPIRES OCT. 13, 1941 Idaho.

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

394-128-025-993

346531

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Idaho (b) City Denver Cottonwood
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Idaho
(c) City Denver Cottonwood
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 8 yrs.

3. **RESIDENCE OF FATHER** (city, state) Denver, Idaho

4. **FULL NAME OF CHILD** Rex Orville Trutton

5. Date of Birth of Child (Month, day, year) Sept. 28, 1896

6. Sex male

7. Twin or Triplet --

If so—born 1st, 2nd, 3rd --

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Benjamin H. Trutton
11. Color or Race white
12. Age at time of THIS birth 40 yrs.
13. Birthplace Coatsville, (City or town) Penna. (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business self

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Sarah Isabelle Rice
17. Color or Race white
18. Age at time of THIS birth 34 yrs.
19. Birthplace Poplar Grove., (City or town) Ind (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business home

22. Name prophylactic used to prevent Ophthalmia Neonatorum none

23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was 1 (Born alive, stillborn) at P. M. on the date and at the place stated above, and that personal particulars were furnished by self (First name) (Last name), who is related to this child as mother (Mother, etc.)

25. Attendant's **OWN** signature Dr. Shawley M.D. Midwife Address deceased Date

State of Idaho } ss.
County of Clearwater }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 79 years of age, that I have known this person for 45 years, and that Dr. Shawley (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Isabelle Trutton Signature

Orofino, Idaho P. O. Address

Subscribed and sworn to before me this 14th day of May, 19 42

(SEAL) Grant M. Smith Notary Public, residing at Orofino, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated)

Received for filing on MAY 22 1942 by Mabel Hall, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 3 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report ~~any birth which has occurred~~ subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

469-212-030-815

346699

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Lemhi (b) City Gibbonsville
(c) Street Address or R.F.D. No. General Del.
(d) Name of Hospital or Maternity Home: Own Residence
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years 9 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Lemhi
(c) City Gibbonsville
(d) Street Address or R.F.D. No. General Del.
(e) How long has **MOTHER** lived in Idaho? 1½ yrs.

3. RESIDENCE OF FATHER (city, state) Same

4. FULL NAME OF CHILD Alice Adeline Dorsey

5. Date of Birth of Child (Month, day, year) Feb. 12, 1896

6. Sex Girl

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME James Allen Dorsey
11. Color or Race White
12. Age at time of THIS birth 22 yrs.
13. Birthplace Ogden City (City or town) Utah (State or foreign country)
14. Exact Occupation Stamp Mill Worker
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Ella Handy
17. Color or Race White
18. Age at time of THIS birth 22 yrs.
19. Birthplace Franklin (City or town) Idaho (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Don't know

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date ____ and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

State of Colorado } ss.
County of Denver }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 68 years of age, that I have known this person for 46 years, and that Mrs. (First name) Cannon (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

My commission expires April 5, 1946

X Ella Dorsey Signature
1419 Federal Blvd. P. O. Address

Subscribed and sworn to before me this 21 day of May, 19 42

(SEAL) Harold E. Nylander Notary Public, residing at 4040 York St Denver Colo

(Note: Perjury is punishable as a felony in Idaho, see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 26 1942 by ____, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 28 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

795-123-026-816

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 346898
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Jefferson (b) City Menan
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Private home
(e) Mother's stay BEFORE delivery: IN THIS county 22 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Jefferson
(c) City Menan.
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 22 yrs.

3. RESIDENCE OF FATHER (city, state) Menan, Idaho

4. FULL NAME OF CHILD Barbara Dorothea Green

5. Date of Birth of Child (Month, day, year) Jan. 23rd, 1896

6. Sex male

7. Twin or Triplet single

If so—born 1st, 2nd, 3rd 7

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Austin A. Green
11. Color or Race white
12. Age at time of THIS birth 27 yrs.
13. Birthplace Cottonwood, (City or town) Utah. (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business farmer

MOTHER OF CHILD

16. FULL MAIDEN NAME Sarah Jane Hawker
17. Color or Race white
18. Age at time of THIS birth 44 yrs.
19. Birthplace Newark, (City or town) New Jersey (State or foreign country)
20. Exact Occupation domestic.
21. Industry or Business housewife.

22. Name prophylactic used to prevent Ophthalmia Neonatorum dont remember

23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's OWN signature ____ M.D. Midwife ____ Address ____ Date ____

State of Idaho } ss.
County of Jefferson }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 75 years of age, that I have known this person for 36 years, and that Jeannette Poole (First name) (Last name), who attended this birth is deceased. (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Sarah Green Signature
Lorenzo—1, Idaho. P. O. Address

Subscribed and sworn to before me this 27 day of May, 19 42.

(SEAL) Ruth R. Bennett Notary Public, residing at Rigby, Idaho.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 28 1942 by Mabel Hyde, Registrar.

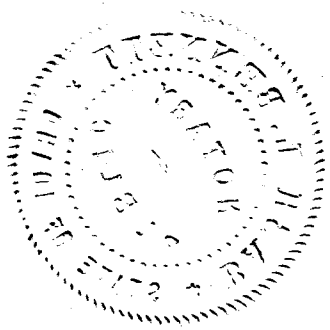
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 1 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such ~~date, such report may be received and filed by the local registrar for~~ record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



265-12-10077795

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 346964
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Blaine (b) City Hailey
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 2 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Blaine
(c) City Hailey
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 2 yrs.

3. RESIDENCE OF FATHER (city, state) Hailey, Idaho

4. FULL NAME OF CHILD Thaddaus Raymond Sonleitner

5. Date of Birth of Child (Month, day, year) Sept. 21st 1896

6. Sex male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Charles Sonleitner

11. Color or Race White

12. Age at time of THIS birth 36 yrs.

13. Birthplace Oldenberg (City or town), Germany (State or foreign country)

14. Exact Occupation Miner

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Catherine Grieurish

17. Color or Race White

18. Age at time of THIS birth 24 yrs.

19. Birthplace Milwaukee (City or town), Wisconsin (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date ____ and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

State of Idaho } ss.
County of Blaine }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 70 years of age, that I have known this person for 45 years, and that Dr. (First name) John Brown (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Catherine Sonleitner Signature

Hailey Idaho P. O. Address

Subscribed and sworn to before me this 26 day of May, 1942

(SEAL) P. N. McCoy Notary Public, residing at Hailey, Idaho,

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 28 1942 by Mabel Tolen, Registrar.

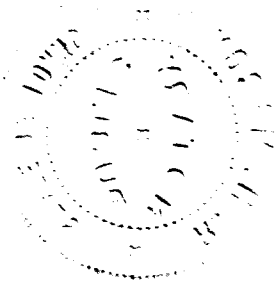
Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 2 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



213-206-040-236 JUN 4 347080

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 347080
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Shoshone (b) City Yenn
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years 6 months 7 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County X
(c) City Yenn
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 4 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Ruby May Bacheler

5. Date of Birth of Child (Month, day, year) Dec - 6 - 1896

6. Sex girl

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? [illegible]

FATHER OF CHILD

10. FULL NAME Ole Marion Bacheler

11. Color or Race White

12. Age at time of THIS birth 20 yrs.

13. Birthplace Jordan Valley (City or town) Oregon (State or foreign country)

14. Exact Occupation Miner

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Ethel Bell Bloom Bacheler

17. Color or Race White

18. Age at time of THIS birth 20 yrs.

19. Birthplace Rowe (City or town) Oregon (State or foreign country)

20. Exact Occupation Home wife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date ..... and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

State of Idaho } ss.
County of Ada }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 45 years of age, that I have known this person for 45 years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ethel Bacheler Signature

..... P. O. Address

Subscribed and sworn to before me this 3 day of June, 1942

(SEAL) [illegible] Notary Public, residing at Boise Ida.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 4 1942 by [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 4 1962

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

219-211-020-415 347094

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 347094
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Elmore (b) City Mountain Home
(c) Street Address or R.F.D. No. No Street No.
(d) Name of Hospital or Maternity Home: Private Residence
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 2 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Elmore
(c) City Mountain Home
(d) Street Address or R.F.D. No. No Street No.
(e) How long has **MOTHER** lived in Idaho? 16 yrs.

3. **RESIDENCE OF FATHER** (city, state) Mtn. Home, Ida.

4. **FULL NAME OF CHILD** Ora Esther Barrett

5. Date of Birth of Child (Month, day, year) Apr. 11. 1896

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Joseph Cooley Barrett
11. Color or Race White
12. Age at time of THIS birth 22 yrs.
13. Birthplace Lexington (City or town) Missouri (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Martha Louisa Davis
17. Color or Race White
18. Age at time of THIS birth 19 yrs.
19. Birthplace Austin (City or town) Texas (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Unknown

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date ____ and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

State of Idaho } ss.
County of Ada }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4 above, that I am now 68 years of age, that I have known this person for 46 years, and that Dr. W.M.F. Smith (First name) (Last name), who attended this birth, is now deceased (Is now deceased) or (Cannot be located), I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Joseph C. Barrett, Signature

P. O. Address

Subscribed and sworn to before me this 4th day of June, 1942

(SEAL) Marian E. Orr Notary Public, residing at Boise, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on June 5, 1942 by Mabel F. Felder, Registrar.

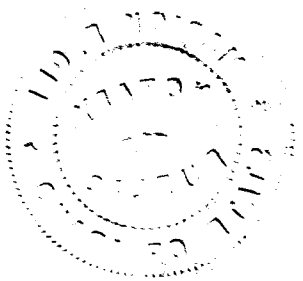
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 5 19[illegible]

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



S4V-206-004-659

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 347164
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bear Lake (b) City Paris
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at Home
(e) Mother's stay BEFORE delivery: IN THIS county 21 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bear Lake
(c) City Paris
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Pearl Louisa Humphreys

5. Date of Birth of Child (Month, day, year) June 6th 1896

6. Sex

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy

9. Legitimate?

FATHER OF CHILD

10. FULL NAME George Wm Humphreys
11. Color or Race White
12. Age at time of THIS birth 30 yrs.
13. Birthplace Paris (City or town) Idaho (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Katherine Weible
17. Color or Race White
18. Age at time of THIS birth 28 yrs.
19. Birthplace Lausanne (City or town) Switzerland (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho } ss.
County of Bonneville }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Sister (Mother, etc.) of the person whose name appears in Item 4, above that I am now 53 years of age, that I have known this person for 45 years, and that Mrs Grundy (First name) (Last name), who attended this birth is dead (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Jennie H. Hansen Signature
Shelley Ida R.R. 2 P. O. Address

Subscribed and sworn to before me this 20th day of May, 1942

(SEAL) M. L. Hirst Justice of the Peace Notary Public, residing at Shelley Ida

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 1 1942 by Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 3 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

313-219.001-893

347239

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Ada (b) City Boise
(c) Street Address or R.F.D. No. 9th & Franklin
(d) Name of Hospital or Maternity Home: At Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 4 years 3 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Boise
(d) Street Address or R.F.D. No. 9th & Franklin
(e) How long has **MOTHER** lived in Idaho? 4 yrs.

3. RESIDENCE OF FATHER (city, state) Boise, Idaho

4. FULL NAME OF CHILD Jewel Pearl Tates

5. Date of Birth of Child (Month, day, year) Feb 19, 1896

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Fred Edward Tates

11. Color or Race White

12. Age at time of THIS birth 26 yrs.

13. Birthplace Boise (City or town) Idaho (State or foreign country)

14. Exact Occupation Plumber

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Sophie Marie Hildebrand

17. Color or Race White

18. Age at time of THIS birth 20 yrs.

19. Birthplace Neudorf-Nassau (City or town) Germany (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

State of Oregon } ss.
County of Lane }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 46 years of age, that I have known this person for ..... years, and that Mr. Irving L. (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937, Session Laws.

Sophie Marie Hildebrand Tates (Mrs.) Signature
Route 1 - Junction City, Oregon P. O. Address

Subscribed and sworn to before me this 29 day of May, 1942.

(SEAL) M. L. Rasmussen Notary Public for Oregon, Notary Public, residing at Eugene, Oregon.

(Note: Perjury is punishable as a felony in Idaho, see Sec. 17-801, Idaho Code Annotated.)

Received for filing on JUN 2 1942 by Mabel Hedin, Registrar.

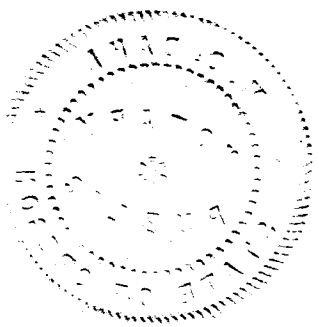
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 4 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



631-121-022-719

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 347247
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Fremont (b) City Salem
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay BEFORE delivery: IN THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City Salem
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 54 yrs.

3. RESIDENCE OF FATHER (city, state) Salem Idaho.

4. FULL NAME OF CHILD Harold Painter Flamm

5. Date of Birth of Child (Month, day, year) 9/21/1896

6. Sex Male **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Jacob Henry Flamm
11. Color or Race White **12.** Age at time of THIS birth 58 yrs.
13. Birthplace Meisungen (City or town), Germany (State or foreign country)
14. Exact Occupation Merchant
15. Industry or Business Mercantile

MOTHER OF CHILD

16. FULL MAIDEN NAME Matilda Ann Painter
17. Color or Race White **18.** Age at time of THIS birth 36 yrs.
19. Birthplace Bamfurl (City or town), Utah (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife Address ____ Date ____

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

State of California
County of Yolo Co. } ss.

I, the undersigned, being first duly sworn, say that I am the sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 48 years of age, that I have known this person for 45 years, and that Eliza Wals (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Notary Public in and for the County of Yolo, State of California.
My commission expires March 20, 1944.

Harold F. McCray Signature
Pvt 8-Fy 2823 Sacramento Calif. P. O. Address

Subscribed and sworn to before me this 20th day of May, 1942

(SEAL) Cecilia T. Lowe Notary Public, residing at West Sacramento Calif.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 2 1942 by ____, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 4 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

553-22-0736-793

347388

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Oneida (b) City Preston
(c) Street Address or R.F.D. No. South 4 East
(d) Name of Hospital or Maternity Home: Born at Home of Parents
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 5 years 4 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Oneida
(c) City Preston
(d) Street Address or R.F.D. No. South 4 East
(e) How long has **MOTHER** lived in Idaho? 35 yrs.

3. **RESIDENCE OF FATHER** (city, state) Preston Idaho

4. **FULL NAME OF CHILD** Jennie Giles Nelson ~~Fullmer~~

5. Date of Birth of Child (Month, day, year) Feb. 22, 1896

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd —

8. No. months of Pregnacy 9

9. Legitimate? Yes.

FATHER OF CHILD

10. **FULL NAME** Joseph G. Nelson
11. Color or Race White
12. Age at time of THIS birth 32 yrs.
13. Birthplace Goshen, Utah (City or town) (State or foreign country)
14. Exact Occupation Teacher
15. Industry or Business Farmer, Horticulturist

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Almeda Giles.
17. Color or Race White
18. Age at time of THIS birth 26 yrs.
19. Birthplace Holden, Utah (City or town) (State or foreign country)
20. Exact Occupation Teacher
21. Industry or Business Civic + Home work.

22. Name prophylactic used to prevent Ophthalmia Neonatorum None.

23. Number of children ~~of this mother~~: (a) At time of birth and including this child 4 (b) Born alive and now living 11

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

State of Utah } ss.
County of Cache }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 71 years of age, that I have known this person for 46 years, and that Mrs. Lila McQueen (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

My Com. Expires Jan. 9th 1945

Almeda G. Nelson Signature

271 E. 3rd No. Logan, Utah P. O. Address

Subscribed and sworn to before me this 29th day of May 1942

(SEAL) Lila McQueen Notary Public, residing at Logan, Utah

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 1 1942 by Mabel Hall, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 9 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes ~~and uses~~ prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

318-224-001-381

347420

347420

United States Department of Commerce Bureau of the Census 1942

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 347420
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Ada (b) City Boise
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Ada
   (c) City Boise
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 73 yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Edith Gertrude Cahalan

5. Date of Birth of Child (Month, day, year) July 24 1896

6. Sex female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Emmett Lee Cahalan
11. Color or Race White
12. Age at time of THIS birth 32 yrs.
13. Birthplace Edina (City or town) Missouri (State or foreign country)
14. Exact Occupation Agriculturist
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ella Maria Chamberlain
17. Color or Race White
18. Age at time of THIS birth 27 yrs.
19. Birthplace Idaho City (City or town) Idaho (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

State of Idaho } ss.
County of Ada }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 73 years of age, that I have known this person for 46 years, and that Dr. (First name) L. C. Bowers (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Ella M. Cahalan Signature

1712 N. 23 Boise Idaho P. O. Address

Subscribed and sworn to before me this 6th day of June, 1942.

(SEAL) A. E. Black Notary Public, residing at Boise Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 8 1942 by Mary F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 8 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

819-113-016-789

347428

347428

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 347428
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH**
   (a) County Cassia (b) City Albion
   (c) Street Address or R.F.D.No.
   (d) Name of Hospital or Maternity Home: Home
   (e) Mother's stay **BEFORE** delivery: Home
   In Hosp. or Mat. Home ..... days.
   IN **THIS** county ..... years ..... month ..... days

2. **USUAL RESIDENCE of MOTHER** (At time of this birth)
   (a) State Idaho (b) County Cassia
   (c) City Albion
   (d) Street Address or R.F.D.No.
   (e) How long has **MOTHER** lived in Idaho? 6 6 yrs.
   (f) Mother's mailing address

3. **RESIDENCE of FATHER** (city, state)

4. **FULL NAME OF CHILD** Francis M. Harper

5. Date of Birth (Month, day year) March 9 1896

6. Sex

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** John Albert Harper
11. Color or Race White
12. Age at time of THIS birth 24 yrs.
13. Birthplace Utah (City or town) (State or foreign country)
14. Exact Occupation Steward
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Jane Phippen
17. Color or Race white
18. Age at time of THIS birth 21 yrs
19. Birthplace Utah (City or town) (State or foreign country)
20. Exact Occupation Home Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 5 (c) Born alive and now dead 1 (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date (born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) MAY 13 1942 (Date received) (b) Maud E Elder (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of Idaho
County of Cassia } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Mary Jane Harper Adams, being first duly sworn, say that I am Related to (or) acquainted with) Francis M. Harper (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr Strong (Name of attendant at birth), who attended said birth deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Mary Jane Harper Adams Signature
Route #1 South Pocatello P. O. Address

Subscribed and sworn to before me on this 22 day of October, 1941.

(SEAL)

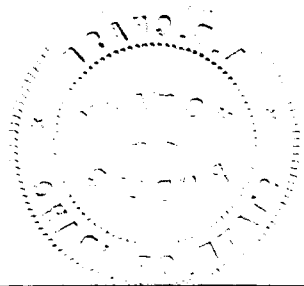
A B Chase Notary Public, residing at Pocatello Idaho

JUN 9 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.



613-103-004-819

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 347513
Local Reg. No.
Reg. Dist. No.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bear Lake (b) City Sharon County
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Family Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years 11 months 3 days 2

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bear Lake
(c) City Sharon County
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 23 yrs.

3. RESIDENCE OF FATHER (city, state) Bear Lake Idaho

4. FULL NAME OF CHILD James Francis Watkins

5. Date of Birth of Child (Month, day, year) March 3 1896

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Thomas Francis Watkins
11. Color or Race White
12. Age at time of THIS birth 34 yrs.
13. Birthplace Glostershire (City or town) South Wales England (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Emily Angelina Hards
17. Color or Race English
18. Age at time of THIS birth 21 yrs.
19. Birthplace Kent (City or town) England (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Boric Acid

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Washington } ss.
County of Yakima }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 67 years of age, that I have known this person for 46 years, and that Mary Hymas (First name) (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Emily Angelina Watkins Signature

Naches Wash. P. O. Address

Subscribed and sworn to before me this 2nd day of June, 1942

(SEAL) [illegible] Notary Public, residing at Naches

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

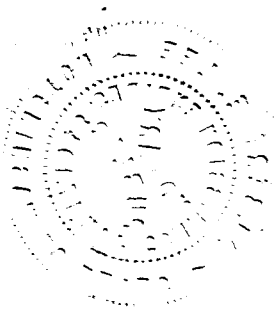
Received for filing on JUN 4 1942 by , Registrar.

JUN 3 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



546-219-021-615

347688

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Franklin (b) City Mapleton
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 3 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Franklin
(c) City Mapleton
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 49 yrs.

3. RESIDENCE OF FATHER (city, state) Mapleton, Ida.

4. FULL NAME OF CHILD Louise Mary Nuffer

5. Date of Birth of Child (Month, day, year) Nov. 19, 1896

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy

9. Legitimate?

FATHER OF CHILD

10. FULL NAME Charles August Nuffer
11. Color or Race White
12. Age at time of THIS birth 25 yrs.
13. Birthplace Neufin (City or town) Germany (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farmer

MOTHER OF CHILD

16. FULL MAIDEN NAME Christina Wanner
17. Color or Race White
18. Age at time of THIS birth 24 yrs.
19. Birthplace Holzgerlingen (City or town) German (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 8

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho } ss.
County of Franklin }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 70 years of age, that I have known this person for since birth years, and that Wm. McQueen (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Charles August Nuffer (Signature)
Preston Idaho (P. O. Address)

Subscribed and sworn to before me this 4 day of June, 1942

(SEAL) Arthur W. Clark Notary Public, residing at Preston Idaho

(Note: Perjury is punishable as a felony in Idaho, see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 8 1942 by [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 1 1 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be ~~received and filed by the local registrar~~ for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

866-104-025-168

347778

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Idaho (b) City Keuterville
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Nil. Born at home residence
(e) Mother's stay **BEFORE** delivery: **IN THIS** county 10 years 11 months 21 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Idaho
(c) City Keuterville
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 15 yrs.

3. RESIDENCE OF FATHER (city, state) Keuterville, Id

4. FULL NAME OF CHILD Howard Robert Howell

5. Date of Birth of Child (Month, day, year) 1896-4-26

6. Sex Male

7. Twin or Triplet Nil If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy Normal

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME John Robey Howell
11. Color or Race White
12. Age at time of THIS birth 29 yrs.
13. Birthplace Gap Creek (City or town) North Carolina (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Mary Ellen Johnson
17. Color or Race White
18. Age at time of THIS birth 22 yrs.
19. Birthplace Chicago, Ill. (City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date ____ and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature Deceased M.D. Midwife Address Date

State of Washington } ss.
County of Yakima }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 68 years of age, that I have known this person for 46 years, and that Dr. Blake (First name) (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary Ellen Howell Signature

Star Route, Wapato, Washington P. O. Address

Subscribed and sworn to before me this 1st day of June, 1942

(SEAL) A. M. O'Keefe Notary Public, residing at Wapato, Wash.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-916, Idaho Code Annotated)

Received for filing on JUN 10 1942 by Mary Peters, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 12 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

849-102-003-814

347788

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bannock (b) City Oxford
   (c) Street Address or R.F.D. No. None
   (d) Name of Hospital or Maternity Home: None
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county 2,5 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bannock
   (c) City Oxford
   (d) Street Address or R.F.D. No. --
   (e) How long has **MOTHER** lived in Idaho? 16 yrs.

3. **RESIDENCE OF FATHER** (city, state) Oxford, Ida.

4. **FULL NAME OF CHILD** David Richard Quigley

5. Date of Birth of Child (Month, day, year) March 2, 1896.

6. Sex Male

7. Twin or Triplet No

If so—born 1st, 2nd, 3rd -

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** David Thaddeus Quigley
11. Color or Race White
12. Age at time of THIS birth 37 yrs.
13. Birthplace Farmington, Utah (City or town) (State or foreign country)
14. Exact Occupation Rancher
15. Industry or Business Ranching

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Eliza Ann Hadley
17. Color or Race White
18. Age at time of THIS birth 24 yrs.
19. Birthplace Bountiful, Utah. (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Household duties

22. Name prophylactic used to prevent Ophthalmia Neonatorum Boric acid

23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

State of Idaho, County of Minidoka. } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 71 years of age, that I have known this person for 46 years, and that Mrs. (First name) Jane Howe (Last name), who attended this birth is deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Eliza Ann Quigley Fillmore Signature

316 E. 2nd St. Rupert Idaho P.O. Address

Subscribed and sworn to before me this 16 day of February, 19 42.

(SEAL) Notary Public

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated)

Notary Public, residing at

Received for filing on JUN 10 1942 by ..... Registrar.

JUN 12 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

413-27-029-362

347830

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Latah (b) City Genesee
(c) Street Address or R.F.D. No. —
(d) Name of Hospital or Maternity Home: home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 6 years ~~months~~ ~~days~~

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Genesee
(d) Street Address or R.F.D. No. —
(e) How long has **MOTHER** lived in Idaho? 6 yrs.

3. **RESIDENCE OF FATHER** (city, state) Genesee, Idaho

4. **FULL NAME OF CHILD** Myrtle Avis Dalton [redacted]

5. Date of Birth of Child (Month, day, year) Dec. 27, 1896

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy

9. Legitimate? X

FATHER OF CHILD

10. **FULL NAME** Wiley Perry Dalton
11. Color or Race White
12. Age at time of THIS birth 42 yrs.
13. Birthplace Tunica County (City or town) Mississippi (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business —

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Elizabeth Coker
17. Color or Race White
18. Age at time of THIS birth 42 yrs.
19. Birthplace Salmon (City or town) Ark. (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business —

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at 8 P. M. on the date and at the place stated above, and that personal particulars were furnished by Mary Elizabeth Dalton (First name) (Last name), who is related to this child as mother (Mother, etc.).

25. Attendant's **OWN** signature — M.D. Midwife Address 308 N 6th St Walla Walla Wash Date June 6 1942

State of Washington
County of Walla Walla } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 88 years of age, that I have known this person for 46 years, and that Lucy Marques (First name) (Last name), who attended this birth ~~or was unable to be located~~ (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

(Witness) Jack R. Anderson
Loren C. Anderson

Mary Elizabeth Dalton Signature
308 N 6th St Walla Walla Wash P. O. Address

Subscribed and sworn to before me this 6th day of June, 1942

(SEAL)

Notary Public, residing at Walla Walla

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 9 1942 by Mabel H. Eaton, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 1 3 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

253-205-003-389

347867

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bannock (b) City Marsh Valley
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Residence
Post Office address: Downey, Idaho
(e) Mother's stay BEFORE delivery: IN THIS county 12 years 12 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County
(c) City Marsh Valley
(d) Street Address or R.F.D. No. R.D. Downey Idaho
(e) How long has MOTHER lived in Idaho? 12 yrs.

3. RESIDENCE OF FATHER (city, state) Same

4. FULL NAME OF CHILD Millie Mabel Beckstead

5. Date of Birth of Child (Month, day, year) Dec. 5, 1896

6. Sex female **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Alexander Beckstead
11. Color or Race White **12.** Age at time of THIS birth 32 yrs.
13. Birthplace Brigham City (City or town) Utah (State or foreign country)
14. Exact Occupation Rancher
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Eliza R. Christiansen
17. Color or Race White **18.** Age at time of THIS birth 28 yrs.
19. Birthplace Brigham City (City or town) Utah (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 9

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho } ss.
County of Fremont }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 78 years of age, that I have known this person for 46 years, and that Mrs. Israel Stoddard (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Alexander Beckstead Signature
Ashton Idaho P. O. Address

Subscribed and sworn to before me this 27 day of June, 1942.

(SEAL) Raoul Linton Notary Public, residing at St. Anthony, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 9 1942 by Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 13 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

719-208-026-667

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 347983
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Jefferson (b) City RIGBY
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: HOME
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 11 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State IDAHO (b) County Jefferson
(c) City RIGBY
(d) Street Address or R.F.D. No. 1
(e) How long has **MOTHER** lived in Idaho? 16 yrs.

3. **RESIDENCE OF FATHER** (city, state) RIGBY

4. **FULL NAME OF CHILD** JENNIE LORAINE PARKS

5. Date of Birth of Child (Month, day, year) NOVEMBER 8 1896

6. Sex FEMALE

7. Twin or Triplet

If so—born 1st, 2nd, 3rd /

8. No. months of Pregnacy 9

9. Legitimate? YES

FATHER OF CHILD

10. **FULL NAME** HERBERT NESHOBIA PARKS
11. Color or Race WHITE
12. Age at time of THIS birth 27 yrs.
13. Birthplace MORGANTON (City or town) NORTH CAROLINA (State or foreign country)
14. Exact Occupation FARMER
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** JANE ELISABETH FOX
17. Color or Race WHITE
18. Age at time of THIS birth 18 yrs.
19. Birthplace SPANISH FORK (City or town) UTAH (State or foreign country)
20. Exact Occupation HOUSE WIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Jefferson } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 64 years of age, that I have known this person for 35 years, and that Ann Fox (First name) (Last name), who attended this birth is now deceased. (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Jane E. Parks Walton Signature

Rigby—1, Idaho. P. O. Address

Subscribed and sworn to before me this 9th day of June, 19 42

(SEAL) Kenneth R. Bennett Notary Public, residing at Rigby, Idaho.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated)

Received for filing on JUN 12 1942 by Mabel Nelson, Registrar.

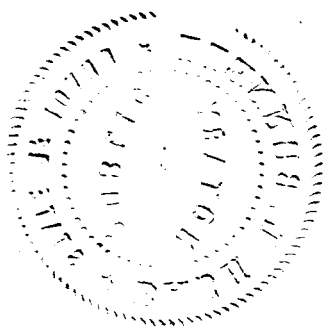
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 17 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



762-111035-357

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 348049
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Nez Perce (b) City Lewiston
(c) Street Address or R.F.D. No. ------
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay BEFORE delivery: IN THIS county 15 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Nez Perce
(c) City Lewiston
(d) Street Address or R.F.D. No. ----
(e) How long has MOTHER lived in Idaho? 15 yrs.

3. RESIDENCE OF FATHER (city, state) Lewiston, Idaho

4. FULL NAME OF CHILD Jacob Samuel Goble

5. Date of Birth of Child (Month, day, year) April 11, 1896

6. Sex Male

7. Twin or Triplet ------ If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9 mo.

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Don Edwin Goble
11. Color or Race White
12. Age at time of THIS birth 33 yrs.
13. Birthplace Walla Walla (City or town) Washington (State or foreign country)
14. Exact Occupation Molder and Machinest
15. Industry or Business Foundry

MOTHER OF CHILD

16. FULL MAIDEN NAME Bertha Margaret Leachman
17. Color or Race White
18. Age at time of THIS birth 19 yrs.
19. Birthplace Ursa (City or town) Adam County, Illinois (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business "

22. Name prophylactic used to prevent Ophthalmia Neonatorum Do not know

23. Number of children of this mother: (a) At time of birth and including this child None (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at 10 O'Clock A.M. on the date and at the place stated above, and that personal particulars were furnished by Lola Newman (First name) (Last name), who is related to this child as Cousin (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife Address ____ Date ____

State of Idaho } ss.
County of Nez Perce }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Cousin (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 67 years of age, that I have known this person for 46 years, and that Dr. Charles W. (First name) Schaff (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Lola Newman Signature
146-24th St. Lewiston, Idaho P. O. Address

Subscribed and sworn to before me this 5th day of June, 19 42.

(SEAL) Fred D. Wooster Notary Public, residing at Lewiston, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 12 1942 by Mabel Keeler, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 17 19[illegible]

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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348124

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bingham (b) City Basalt
(c) Street Address or R.F.D. No. None
(d) Name of Hospital or Maternity Home: At home of parents
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 4 years 3 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bingham
(c) City Basalt
(d) Street Address or R.F.D. No. None
(e) How long has **MOTHER** lived in Idaho? 50 yrs.

3. RESIDENCE OF FATHER (city, state) Same

4. FULL NAME OF CHILD Eva Zilpha Dye

5. Date of Birth of Child (Month, day, year) Feb. 16th 1896

6. Sex Female **7.** Twin or Triplet No If so—born 1st, 2nd, 3rd X X **8.** No. months of Pregnacy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME William Malden Dye
11. Color or Race White **12.** Age at time of THIS birth 31 yrs.
13. Birthplace Riverdale (City or town) Utah (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. FULL MAIDEN NAME Julia Adelaide Child
17. Color or Race White **18.** Age at time of THIS birth 28 yrs.
19. Birthplace Riverdale (City or town) Utah (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Farming

22. Name prophylactic used to prevent Ophthalmia Neonatorum None

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date ____, and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

State of Idaho } ss.
County of Bingham }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 77 years of age, that I have known this person for 46 years, and that Marie (First name) Inglestrom (Last name), who attended this birth, is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

William Malden Dye Signature
Firth Rout 1 P. O. Address

Subscribed and sworn to before me this 4th day of June, 1942.
(SEAL) [signature] Notary Public, residing at Firth Ida
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated)

Received for filing on JUN 12 1942 by [signature], Registrar.

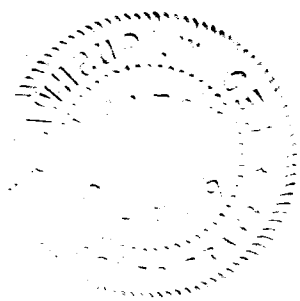
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 16 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



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United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 348284
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Fremont (b) City St. Anthony
(c) Street Address or R.F.D. No. 2
(d) Name of Hospital or Maternity Home: Parents' home.
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 2 years 5 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City St. Anthony
(d) Street Address or R.F.D. No. 2
(e) How long has **MOTHER** lived in Idaho? 2 yrs.

3. RESIDENCE OF FATHER (city, state) St. Anthony, Ida.

4. FULL NAME OF CHILD Carl Mackert

5. Date of Birth of Child (Month, day, year) Sept. 29, 1896.

6. Sex Male

7. Twin or Triplet No

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Charles Mackert
11. Color or Race White
12. Age at time of THIS birth 30 yrs.
13. Birthplace Baden, Rinchein, Germany (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. FULL MAIDEN NAME Christine Sophia Groh
17. Color or Race White
18. Age at time of THIS birth 25 yrs.
19. Birthplace Chicago Illinois (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business "

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Fremont } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 72 years of age, that I have known this person for 45 years, and that Dr. W. J. Middleton (First name) (Last name), who attended this birth, is now deceased. (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Christine Sophia Mackert Signature
St. Anthony, Idaho P. O. Address

Subscribed and sworn to before me this 12th. day of June, 19 42.

(SEAL) Ralph Litton Notary Public, residing at St. Anthony, Ida.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 16 1942 by , Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 19 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 348442
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Fremont (b) City Rigby
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: None
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home days.
In **THIS** county 10 years month days.

2. **USUAL RESIDENCE of MOTHER:** (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City Rigby
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 10 yrs.
(f) Mother's mailing address Rigby Idaho

3. **RESIDENCE of FATHER** (city, state): Rigby Idaho

4. **FULL NAME OF CHILD** James Lafayette Brown

5. Date of Birth (Month, day, year) June 5 - 1896

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** James Lafayette Brown
11. Color or Race White
12. Age at time of THIS birth 7 yrs.
13. Birthplace Des Moines (City or town) Iowa (State or foreign country)
14. Exact Occupation
15. Industry or Business Farmer

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Rosiclee Hayden
17. Color or Race White
18. Age at time of THIS birth 31 yrs.
19. Birthplace Jeddo (City or town) Knox Co Missouri (State or foreign country)
20. Exact Occupation
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living Yes
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was (born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

26. (a) JUN 18 1942 (Date received) (b) (Registrar's signature)

27. Given name added on by (Registrar's signature)

25. Attendant's **OWN signature** M.D. (D.O., Midwife, etc.)
and address Date

State of Montana
County of Ravalli } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Rosiclee Brown-McCormick, being first duly sworn, say that I am the Mother (Related to (or) acquainted with) as of James Lafayette Brown (State relationship or acquaintance), whose birth certificate (Name of person on certificate above) appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that (Name of attendant at birth), who attended said birth (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Rosiclee Brown McCormick Signature

P. O. Address

Subscribed and sworn to before me on this 27 day of March 1941

(SEAL) Notary Public, residing at Notary Public in and for the State of Montana
My Commission Expires July 17th. 1941

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 2 2 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 39, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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348474

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 348474
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Bonner (b) City Laclede
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 12 years 5 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Bonner
(c) City Laclede
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 12½ yrs.

3. **RESIDENCE OF FATHER** (city, state) Laclede, Ida.

4. **FULL NAME OF CHILD** Frances Ethel Campbell

5. Date of Birth of Child (Month, day, year) March 6, 1896

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Thomas Sherman Campbell
11. Color or Race White
12. Age at time of THIS birth 30 yrs.
13. Birthplace Oshkosh, Wisconsin (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Edith Estelle Markham
17. Color or Race White
18. Age at time of THIS birth 20 yrs.
19. Birthplace Albany, Oregon (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Farming

22. Name prophylactic used to prevent Ophthalmia Neonatorum none

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 10:00 P.M. on the date and at the place stated above, and that personal particulars were furnished by Mina Yerkes (First name) (Last name), who is related to this child as sister (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Washington } ss.
County of Okanogan }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 49 years of age, that I have known this person for 46 years, and that Elmina Thomas Markham (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mina Yerkes Signature

Twisp, Washington P. O. Address

Subscribed and sworn to before me this 11th day of June, 19 42.

(SEAL) Dwight L. Sales Notary Public, residing at Twisp

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 17 1942 by Mabel K. Helphenstine, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 2 2 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Oneida (b) City Rockland
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At parents residence
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 11 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Oneida
(c) City Rockland
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 11 yrs.

3. RESIDENCE OF FATHER (city, state) Rockland, Ida.

4. FULL NAME OF CHILD LeRoie Hutchinson

5. Date of Birth of Child (Month, day, year) June 8, 1896

6. Sex Male

7. Twin or Triplet no If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME David Langden Hutchinson
11. Color or Race white **12.** Age at time of THIS birth 44 yrs.
13. Birthplace Salt Lake City, (City or town) Utah (State or foreign country)
14. Exact Occupation Farming & Carpenter
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Sarah Budge
17. Color or Race White **18.** Age at time of THIS birth 29½ yrs.
19. Birthplace Ogden, (City or town) Utah. (State or foreign country)
20. Exact Occupation Farm house-wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum none

23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 8

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at unknown M. on the date and at the place stated above, and that personal particulars were furnished by Sarah (First name) Hutchinson (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Utah
County of Cache } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 75¾ years of age, that I have known this person for 46 years, and that Emily (?) (First name) Lish (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Sarah Budge Hutchinson Signature

485 East 2nd So., Logan, Utah. P. O. Address

Subscribed and sworn to before me this 16 day of June, 19 42

(SEAL) Comm Exp 4-13-43 A. R. Barnett Notary Public, residing at Logan Utah

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 18 1942 by [illegible], Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 2 2 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 349719
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Jefferson (b) City Labelle
(c) Street Address or R.F.D. No. None
(d) Name of Hospital or Maternity Home: None
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years 10 months 0 days 0

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Jefferson
(c) City Labelle
(d) Street Address or R.F.D. No. None
(e) How long has **MOTHER** lived in Idaho? 10 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD James Melvin Woolsey

5. Date of Birth of Child (Month, day, year) Sept. 1, 1896

6. Sex Male

7. Twin or Triplet No

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Abraham Mitchell Woolsey
11. Color or Race White
12. Age at time of THIS birth 42 yrs.
13. Birthplace South Weber (City or town) Utah (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. FULL MAIDEN NAME Dianah Rebecca Radford
17. Color or Race White
18. Age at time of THIS birth 37 yrs.
19. Birthplace Fillmore (City or town) Utah (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business House Work

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date ____ and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature Jannie Moss Midwife Address Ririe Idaho Date June 17.42

State of ____ } ss.
County of ____ }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ____ (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ____ years of age, that I have known this person for ____ years, and that ____ (First name) ____ (Last name), who attended this birth ____ (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

____ Signature

____ P. O. Address

Subscribed and sworn to before me this ____ day of ____, 19____

(SEAL) ____ Notary Public, residing at ____

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 20 1942 by Mabel H. Nelson, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 25 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bannock (b) City Mink Creek
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: Own home
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county 5 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bannock
   (c) City Perry
   (d) Street Address or R.F.D. No. none
   (e) How long has **MOTHER** lived in Idaho? 1 yrs.+

3. **RESIDENCE OF FATHER** (city, state) Perry, Idaho.

4. **FULL NAME OF CHILD** Gary Hoyt Stalker

5. Date of Birth of Child (Month, day, year) Feb. 27, 1896.

6. Sex Male Twin or Triplet No If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Alma Smith Stalker
11. Color or Race White
12. Age at time of THIS birth 30 yrs.
13. Birthplace Franklin (City or town) Idaho (State or foreign country)
14. Exact Occupation Farmer and
15. Industry or Business School teacher

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Alfaretta Parmely
17. Color or Race White
18. Age at time of THIS birth 24 yrs.
19. Birthplace Madison (City or town) Iowa (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Do not Know

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho } ss.
County of Bannock }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 68 years of age, that I have known this person for 46 years, and that (?) (First name) Mrs. Thomas (Last name), who attended this birth, is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Alfaretta P Stalker Signature

P. O. Address

Subscribed and sworn to before me this JUN 20 1942 day of , 19

(SEAL) Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 22 1942 by , Registrar.

JUN 25 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

263-124-040-559 JUN 25 1942

349781

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 349781
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Shoshone (b) City Kellogg
(c) Street Address or R F D No. None
(d) Name of Hospital or Maternity Home: None
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home .....days. In **THIS** county .....years .....months .....days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Shoshone
(c) City Kellogg
(d) Street Address or R.F.D. No. None
(e) How long has **MOTHER** lived in Idaho? 8 yrs.
(f) Mother's mailing address Kellogg, Ida.

3. **RESIDENCE OF FATHER** (city, state) Kellogg, Ida

4. **FULL NAME OF CHILD** Celest Bottinelli

5. Date of Birth (Month, day, year) 5-24-1896

6. Sex White

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** Celest Bottinelli
11. Color or Race White
12. Age at time of THIS birth 41 yrs.
13. Birthplace Besano, Italy (City or town) (State or foreign country)
14. Exact Occupation Jewler
15. Industry or Business Ice Dealer

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Louisa Bergobbi
17. Color or Race White
18. Age at time of THIS birth 40 years
19. Birthplace Besano, Italy (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living 6 (c) Born alive and now dead 2 (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) JUN 25 1942 (Date received) (b) Maud F Edder (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** ..... M.D. or ..... (D.O., Midwife, etc.)
and address ..... Date

State of Idaho } ss.
County of Shoshone }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Charles Bottinelli, being first duly sworn, say that I am Related (Related to (or) acquainted with) Célest Bottinelli (Name of person on certificate above) as Brother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ..... (Name of attendant at birth), who attended said birth ..... (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Charles Bottinelli Name

Kellogg, Idaho P. O. Address

Subscribed and sworn to before me on this 23rd day of June, 1942

(SEAL) Lam Dargael Notary Public, residing at Kellogg, Ida.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 26 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

218-129 003 JUN 29 1942 639 349804

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 349804
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County BANNOCK (b) City POCATELLO
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: BORN AT HOME NO HOSPITAL
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State IDAHO (b) County BANNOCK
(c) City POCATELLO
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 8 yrs.

3. RESIDENCE OF FATHER (city, state) POCATELLO, IDA

4. FULL NAME OF CHILD ARTHUR THEODORE SAHLBERG

5. Date of Birth of Child (Month, day, year) JAN. 29, 1896

6. Sex MALE **7.** Twin or Triplet **If so—born** 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? YES

FATHER OF CHILD

10. FULL NAME GUS SAHLBERG
11. Color or Race WHITE **12.** Age at time of THIS birth 33 yrs.
13. Birthplace SWEDEN (City or town), EUROPE (State or foreign country)
14. Exact Occupation
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME MATILDA OLIN
17. Color or Race WHITE **18.** Age at time of THIS birth 35 yrs.
19. Birthplace SWEDEN (City or town), EUROPE (State or foreign country)
20. Exact Occupation HOUSEWIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3. (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of } ss.
County of }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the AUNT (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 83 years of age, that I have known this person for 46 years, and that DR ROOKER (First name) (Last name), who attended this birth IS NOW DECEASED (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

X Amanda Sahlberg Signature
3 Fr. no avenue, Pocatello Ida P. O. Address

Subscribed and sworn to before me this 26th day of June 1942
(SEAL) Paul M. Bryan Notary Public, residing at Pocatello

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 29 1942 by Mary F. Eden, Registrar.

JUN 2 9 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

362-218-009-296

349815

349815

United States Department of Commerce
Bureau of the Census

JUN 29 1942

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bonner (b) City Priest River
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years 3 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bonner
(c) City Priest River
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 3 mos yrs

3. RESIDENCE OF FATHER (city, state) Priest River Idaho

4. FULL NAME OF CHILD Josephine Kresonsia Losh

5. Date of Birth of Child (Month, day, year) 3/18/1896

6. Sex Female

7. Twin or Triplet No

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Frederick Mathaus Losh
11. Color or Race White
12. Age at time of THIS birth 34 yrs.
13. Birthplace Wurtenburg (City or town) Germany (State or foreign country)
14. Exact Occupation Laborer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Sophia Karoline Broadbeck
17. Color or Race White
18. Age at time of THIS birth 35 yrs.
19. Birthplace Tubingen (City or town) Germany (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None

23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date ____ and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife Address ____ Date ____

State of Washington } ss.
County of Pend Oreille }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 48 years of age, that I have known this person for life years, and that Elizabeth Keyser (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Anna Reinhardt Signature

R 1, Newport, Washington P. O. Address

Subscribed and sworn to before me this 26th day of June, 1942.

(SEAL) ____ Notary Public, residing at Newport

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 29 1942 by ____, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 2 9 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

385-101 041 843

349876

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Teton (b) City Victor
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery: IN THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Teton
(c) City Victor
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Wayne La Salle Chaney

5. Date of Birth of Child (Month, day, year) 6/1/1896

6. Sex male **7.** Twin or Triplet **8.** If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME David Chaney
11. Color or Race white **12.** Age at time of THIS birth 39 yrs.
13. Birthplace Springville, Utah (City or town) (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Lodema Hutchings ~~Chaney~~
17. Color or Race white **18.** Age at time of THIS birth 34 yrs.
19. Birthplace Springville, Utah (City or town) (State or foreign country)
20. Exact Occupation house wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of California } ss.
County of Los Angeles }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Brother (Mother, etc.) of the person whose name appears in Item 4 above, that I am now 62 years of age, that I have known this person for 46 years, and that Miss John Evans (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

x David O. Chaney Signature
1418 Cheyenne Ave. Los Angeles 1 P. O. Address

My Commission Expires Nov. 20, 1944

Subscribed and sworn to before me this 20th day of June, 1942

(SEAL) William C. Bradley Notary Public, residing at Los Angeles

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 23 1942 by Mark Hedden, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 25 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

569-22-2022 466

350071

United States
Department of Commerce
Bureau of the Census

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to STATE BUREAU OF VITAL STATISTICS, Boise, Idaho.

1. **PLACE OF BIRTH:**
   (a) County Fremont (b) City Ririe
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital of Maternity Home: at home
   (e) Mother's stay **BEFORE** delivery:
   In Hospital or Maternity Home ------ Days
   In **THIS** county 6 years months days

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
   (a) State Idaho (b) County Fremont
   (c) City Ririe
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 12 yrs.
   (f) Mother's mailing address (For registration notice):
   Ririe, (Street or R.F.D.) Idaho (Postoffice)

3. **RESIDENCE OF FATHER** (city, state) Idaho.

4. **FULL NAME OF CHILD** Beulah May Nord

5. **DATE OF BIRTH** (Month, day, year) Jan. 22, 1896

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** James O. Nord

11. Color or Race White

12. Age at time of **THIS** birth 32 yrs.

13. Birthplace (City or Town) Sweden (State or foreign country)

14. Exact Occupation Farmer

15. Industry Business Farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Elizabeth Dofelmier

17. Color or Race White

18. Age at time of **THIS** birth 25 yrs.

19. Birthplace Millville (City or Town) Utah (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business Housekeeping

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 5th (b) Born alive and now living 3
(c) Born alive and now dead ----- (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 8. A. M. on the date and at the place stated above, and that personal particulars were furnished by Mary (First name) Nord (Last name), who is related to this child as mother (Mother, etc.)

26. (a) JUN 26 1942 (Date received) (b) [signature] (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature Helen Purser (D.O., Midwife, etc.)
and address Rigby, Idaho Date 6-19-1942

JUN 2 9 1942

LOCAL REGISTRATION OF BIRTHS

SEC. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

SEC. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, *within* 10 *days after the date of birth;* and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make a proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at a less interval than 10 days after the birth, if so required by municipal ordinances of regulations now in force or that may hereafter be enacted.

SEC. 38-215 CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

SEC. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT

(Not for certified copies)

(To be used for Crippled Children, Maternal & Child Health work)

(a) Pregnancy: Complications of .....

.....

.....

(b) Labor: Complications: .....

.....

..... Induced? .....

.....

(c) State all operations for delivery .....

.....

.....

(d) Did baby have any:

(1) Congenital Malformation? .....

Describe: .....

(2) Birth Injury? .....

Describe: .....

(3) Was mother given a Wasserman before delivery?

Yes..... No..... Pos..... Neg.....

(e) Signature of Physician:

.....

DELAYED

244 126 004 867

350084

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 350084
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bear Lake (b) City Paris
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: none
(e) Mother's stay **BEFORE** delivery: IN THIS county ___ years ___ months ___ days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bear Lake
(c) City Paris
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 67 yrs.

3. RESIDENCE OF FATHER (city, state) Paris, Idaho

4. FULL NAME OF CHILD Drew William Budge

5. Date of Birth of Child (Month, day, year) 10-26-1896

6. Sex male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Alfred Budge
11. Color or Race
12. Age at time of THIS birth 29 yrs.
13. Birthplace Providence (City or town) Utah (State or foreign country)
14. Exact Occupation Lawyer
15. Industry or Business Justice of Supreme Court

MOTHER OF CHILD

16. FULL MAIDEN NAME Ella Amelia Hoge
17. Color or Race
18. Age at time of THIS birth 22 yrs.
19. Birthplace Paris (City or town) Idaho (State or foreign country)
20. Exact Occupation
21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 8

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ___ (Born alive, stillborn) at ___ M. on the date ___ and at the place stated above, and that personal particulars were furnished by ___ (First name) (Last name), who is related to this child as ___ (Mother, etc.)

25. Attendant's **OWN** signature ___ M.D. Midwife Address ___ Date ___

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

State of Idaho } ss.
County of Ada }

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 73 years of age, that I have known this person for 45 years, and that Dr. (First name) West, M.D. (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Alfred Budge
Signature
1428 Warm Springs, Boise, Idaho
P. O. Address

Subscribed and sworn to before me this 29th day of June, 19 42.
(SEAL)
Clerk Deputy Clerk Supreme Court of Idaho
Notary Public, residing at ___

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 30 1942 by ___, Registrar.

JUN 30 1942

APR 20 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

419 119022-791

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 350159
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Fremont (b) City La Belle
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City La Belle
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? nine yrs.

3. RESIDENCE OF FATHER (city, state) Same

4. FULL NAME OF CHILD Martin, John Edward

5. Date of Birth of Child (Month, day, year) 3-19-96

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy

9. Legitimate?

FATHER OF CHILD

10. FULL NAME Martin, Oscar
11. Color or Race White
12. Age at time of THIS birth 34 yrs.
13. Birthplace Stockholm (City or town), Sweden (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Brandin, Anna Dorothy
17. Color or Race White
18. Age at time of THIS birth 27 yrs.
19. Birthplace Upsala (City or town) Sweden (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of California } ss.
County of San Bernardino }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Uncle (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 56 years of age, that I have known this person for 46 years, and that Dr. (First name) Hyde (Last name), who attended this birth, is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

John J. Brandin Signature

[illegible] P. O. Address

Subscribed and sworn to before me this 25 day of [illegible], 19[illegible]

(SEAL) [illegible] Notary Public, residing at [illegible]

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 29 1942 by [illegible], Registrar.

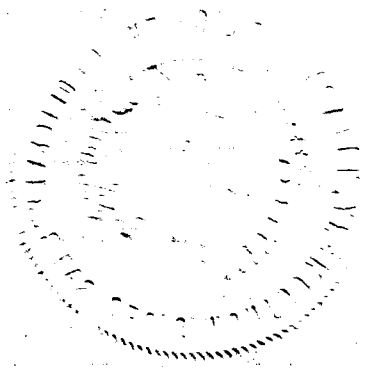
Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 1 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



819 117-029-413

350188

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Latah (b) City Moscow
(c) Street Address or R.F.D. No. R 2
(d) Name of Hospital or Maternity Home: Own home.
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Moscow
(d) Street Address or R.F.D. No. R 2
(e) How long has **MOTHER** lived in Idaho? 64 yrs.

3. RESIDENCE OF FATHER (city, state) deceased

4. FULL NAME OF CHILD Reid Emsworth Hart

5. Date of Birth of Child (Month, day, year) April 17 - 1896

6. Sex Male

7. Twin or Triplet no If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy sunday

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME George Emsworth Hart

11. Color or Race White

12. Age at time of THIS birth 37 yrs.

13. Birthplace Battle Creek (City or town) Mich (State or foreign country)

14. Exact Occupation farming

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Lovina Mathis (Hart)

17. Color or Race White

18. Age at time of THIS birth 30 yrs.

19. Birthplace White River (City or town) Ark. (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum none

23. Number of children of this mother: (a) At time of birth and including this child two (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

State of Latah Idaho } ss.
County of Latah }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 76 years of age, that I have known this person for 46 years, and that Thomas (First name) Tyrrell (Last name), who attended this birth deceased. (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Lovina Mathis Hart Signature

319 East D Moscow Idaho P. O. Address

Subscribed and sworn to before me this 25 day of June, 1942

(SEAL) ..... Notary Public, residing at Moscow

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 26 1942 by Mabel [illegible] Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 1 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

457 104 029966

350389

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 350389
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Latah, (b) City Moscow,
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 16 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho. (b) County Latah,
(c) City Moscow,
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 16 yrs.

3. RESIDENCE OF FATHER (city, state) Moscow, Ida.

4. FULL NAME OF CHILD Joseph Manley DePartee,

5. Date of Birth of Child (Month, day, year) Jan. 4, 1896.

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Joseph Nelson DePartee,
11. Color or Race White
12. Age at time of THIS birth 28 yrs.
13. Birthplace Nephi, (City or town) Utah. (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. FULL MAIDEN NAME Dolly Rowland,
17. Color or Race White
18. Age at time of THIS birth 25 yrs.
19. Birthplace Ione City, (City or town) California. (State or foreign country)
20. Exact Occupation Housewife,
21. Industry or Business Farming

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho. } ss.
County of Ada. }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 71 years of age, that I have known this person for 46 years, and that Dr. Northington, (First name) (Last name), who attended this birth Cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Dolly Rowland DePartee Signature

Pearl Route, Eagle, Idaho. P. O. Address

Subscribed and sworn to before me this 26th day of June, 1942

(SEAL) E. W. Wegener Notary Public, residing at Boise, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 3 1942 by Wilma J. Snyder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 3. 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

544-107-044-666

350431

350431

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 350431
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Washington (b) City Salubria
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Wash.
(c) City Salubria
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 7 yrs.

3. RESIDENCE OF FATHER (city, state) Salubria

4. FULL NAME OF CHILD Harold Dewey Eddy

5. Date of Birth of Child (Month, day, year) Oct 7. 1896

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME William Eddy

11. Color or Race White

12. Age at time of THIS birth 36 yrs.

13. Birthplace (City or town) England (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Louise Officer

17. Color or Race White

18. Age at time of THIS birth 39 yrs.

19. Birthplace (City or town) Oregon (State or foreign country)

20. Exact Occupation housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife Address ____ Date ____

State of Idaho
County of Ada } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Brother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 52 years of age, that I have known this person for 46 years, and that Dr (First name) Hunt (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

W. H. Eddy Signature

Eagle Idaho. P. O. Address

Subscribed and sworn to before me this 10 day of July, 1942

(SEAL)

Notary Public, residing at Boise Ida.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 10 1942 by Emil F. Elder, Registrar.

JUL 10 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



363-121-036-695

350437

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 350437
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Oneida (b) City Fairview
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Oneida
(c) City Fairview
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Clerence Orso Cole

5. Date of Birth of Child (Month, day, year) July 21 1896

6. Sex male **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME John Heber Cole
11. Color or Race white **12.** Age at time of THIS birth 39 yrs.
13. Birthplace American Fork Utah (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Mary Elizabeth Field
17. Color or Race white **18.** Age at time of THIS birth 32 yrs.
19. Birthplace Ogden Utah (City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 6. (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Alive (Born alive, stillborn) at 5 P. M. on the date and at the place stated above, and that personal particulars were furnished by Mary Cole (First name) (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of } ss.
County of }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 78 years of age, that I have known this person for 46 years, and that Mrs (First name) Gilbert (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary E. F. Beale Signature

P. O. Address

Subscribed and sworn to before me this 9 day of July, 1942

(SEAL) Notary Public, residing at Preston Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 11 1942 by Mabel E. Cole, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 11 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

361-129014-695

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **350464**
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Canyon (b) City Payette
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Canyon
(c) City Payette
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? yrs.

3. **RESIDENCE OF FATHER** (city, state) Payette, Idaho

4. **FULL NAME OF CHILD** Howard Coates

5. Date of Birth of Child (Month, day, year) Dec. 29, 1896

6. Sex male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Daniel Bailey Coates
11. Color or Race White
12. Age at time of THIS birth 37 yrs.
13. Birthplace Hillsdale County, Mich (City or town) (State or foreign country)
14. Exact Occupation farming
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Sarah A. Windle
17. Color or Race White
18. Age at time of THIS birth 39 yrs.
19. Birthplace McLain Co., Ill. (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living 8

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born / alive (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by Sarah A. Coates (First name) (Last name), who is related to this child as mother (Mother, etc.)

25. Attendant's **OWN** signature Lucy Eberle - MD Midwife Address Payette, Idaho Date 7-2-42

State of } ss.
County of }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 3 1942 by Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 7 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

487-115029-168

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 350564
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH** (All items at time of this birth).
(a) County Latah (b) City Juliaetta
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: own home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 5 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Juliaetta
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 5 yrs.

3. **RESIDENCE OF FATHER** (city, state) Juliaetta, Idaho

4. **FULL NAME OF CHILD** Clarence Burton Dygert

5. Date of Birth of Child (Month, day, year) July 15 - 1896

6. Sex Male

7. Twin or Triplet no

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** John Henry Dygert
11. Color or Race White
12. Age at time of THIS birth 49 yrs.
13. Birthplace Chicago (City or town) Illinois (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Clarinda Frances Johnson
17. Color or Race White
18. Age at time of THIS birth 41 yrs.
19. Birthplace Cincinnatti (City or town) Ohio (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum I don't know

23. Number of children of this mother: (a) At time of birth and including this child 9 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

State of IDAHO
County of LATAH } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Sister (Mother, etc.) of the person whose name appears in Item 1, above, that I am now 66 years of age, that I have known this person for 46 years, and that ..... (First name) ..... (Last name), who attended this birth dumb (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Pearl L. Fuller Signature

JULIAETTA, IDAHO P. O. Address

Subscribed and sworn to before me this 2nd day of July, 1942

(SEAL) R. Hendricks Notary Public, residing at Kendrick

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 6 1942 by Mabel Fuller, Registrar.

JUL 8 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

719 126 004 166

350625

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bear Lake (b) City St Charles
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at Private Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 14 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bear Lake
(c) City St Charles
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 14 yrs.

3. RESIDENCE OF FATHER (city, state) St Charles Idaho

4. FULL NAME OF CHILD Lyall Kenneth Gardner

5. Date of Birth of Child (Month, day, year) October 26-1896

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME George Edwin Gardner

11. Color or Race White

12. Age at time of THIS birth 40 yrs.

13. Birthplace London (City or town) England (State or foreign country)

14. Exact Occupation Book Keeper + Accountant

15. Industry or Business Hardware Company

MOTHER OF CHILD

16. FULL MAIDEN NAME Caroline Affleck

17. Color or Race White

18. Age at time of THIS birth 31 yrs.

19. Birthplace Logan (City or town) Utah (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business —

22. Name prophylactic used to prevent Opthalmia Neonatorum Argyrole

23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

State of Idaho } ss.
County of Bannock }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 57 years of age, that I have known this person for nearly 45 years, and that the doctor (name forgotten) (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

× Lillian Gardner Strong Signature

Soda Springs Idaho P. O. Address

Subscribed and sworn to before me this 24th day of June, 1942

(SEAL) S. Bauchens Notary Public, residing at Soda Springs Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 6 1942 by ....., Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 9 . 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Caribou } ss.

Certificate No. 350625

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Lyall Kenneth Gardner (Name on Original Certificate) who born (Was Born or Died) on (Date of Event)
in (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Date	Oct. 26, 1897	Oct. 26, 1896

Subscribed and sworn to before me this 28th
day of August, 1942
L. E. Chambers
Notary Public, residing at SODA SPRINGS, IDAHO
My commission expires Aug. 2, 1944.
(Seal)

Signed Lillian Gardner Strong
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
SODA SPRINGS, IDAHO
(Street Address, ~~City, State~~)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }
County of Caribou } ss.

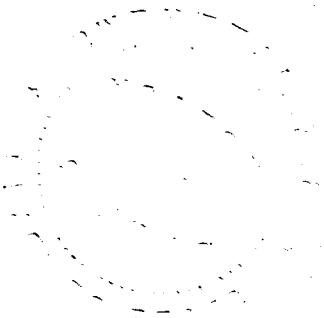
[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 28th
day of August, 1942
L. E. Chambers
Notary Public, residing at SODA SPRINGS, IDAHO
My commission expires Aug. 2, 1944.
(Seal)

Signed Mrs Myrtle I Gorton
(Signature of Any Credible Person Other Than Previous Year)
Nee Myrtle Gardner
SODA SPRINGS, IDAHO
(Street Address, City, State)

SEP 16 1942





412-218028-499

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 350630
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Kootenai (b) City Coeur d'Alene
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 3 years 6 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Kootenai
(c) City Coeur d'Alene
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 3½ yrs.

3. RESIDENCE OF FATHER (city, state) Coeur d'Alene

4. FULL NAME OF CHILD Alice Lorraine Mason

5. Date of Birth of Child (Month, day, year) Idaho July 18, 1896

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9 mo.

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME David Fletcher Mason
11. Color or Race White
12. Age at time of THIS birth 32 yrs.
13. Birthplace McGregor (City or town) Iowa (State or foreign country)
14. Exact Occupation Druggist & Postmaster
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Mary Martha Driscoll
17. Color or Race White
18. Age at time of THIS birth 27 yrs.
19. Birthplace St. Joseph (City or town) Missouri (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of California } ss.
County of Los Angeles }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 73 years of age, that I have known this person for 46 years, and that Dr. Purviance (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

MY COMMISSION EXPIRES MARCH 25, 1946

x Mary Martha Mason Signature
4419-4th Ave., Los Angeles, California P. O. Address

Subscribed and sworn to before me this 30th day of June, 1942

(SEAL) Beatrice Dunger Notary Public, residing at Los Angeles, Calif.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 6 1942 by [illegible] Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 9 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

389-124-036-515

350657

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Oneida (b) City Malad
(c) Street Address or R.F.D. No. 1
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Oneida
(c) City Malad
(d) Street Address or R.F.D. No. 1
(e) How long has **MOTHER** lived in Idaho? 46 yrs.

3. RESIDENCE OF FATHER (city, state) Malad, Idaho

4. FULL NAME OF CHILD John Martin Christensen

5. Date of Birth of Child (Month, day, year) April 24, 1896

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Niels Christensen

11. Color or Race White

12. Age at time of THIS birth 20 yrs.

13. Birthplace Denmark (City or town) (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Margaret Vanderwood

17. Color or Race White

18. Age at time of THIS birth 23 yrs.

19. Birthplace Malad, Idaho Route 1. (City or town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

State of Idaho
County of Oneida } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 65 years of age, that I have known this person for 46 years, and that Hannah Christensen (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Niels Christensen Signature

Malad City, Idaho P. O. Address

Subscribed and sworn to before me this 3rd day of July, 1942

(SEAL) ____ Notary Public, residing at Malad City, Ida

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 6 1942 by ____, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 9 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

902-30-028-038

350878

United States Department of Commerce Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 350878
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Kooteni (b) City Coeur D Alene
(c) Street Address or R.F.D. No. V
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Kooteni
(c) City Coeur D Alene
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? she did about 14 yrs.
(f) Mother's mailing address Encanto, Calif.

3. RESIDENCE of FATHER (city, state) Coeur D Alene

4. FULL NAME OF CHILD Versy Forest Roberts

5. Date of Birth (Month, day year) Mar. 9, 1896

6. Sex female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd 1

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Joel Francis Roberts

11. Color or Race white

12. Age at time of THIS birth 32 yrs.

13. Birthplace Illinois (City or town) (State or foreign country)

14. Exact Occupation laborer

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Lydia Ann Slye

17. Color or Race White

18. Age at time of THIS birth 18 yrs.

19. Birthplace Connersville, Wisconsin (City or town) (State or foreign country)

20. Exact Occupation housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum natural birth

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 3 (c) Born alive and now dead 1 (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date (born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) JUL 10 1942 (Date received) (b) [signature] (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of California } ss.
County of San Diego }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Lydia Ann Slye Matheny, being first duly sworn, say that I am related (Related to (or) acquainted with) Versy Forest Roberts (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Elderkin (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has **not been previously recorded.**

Lydia Ann Slye Matheny Signature
Encanto, Stork St. Calif. P. O. Address

Subscribed and sworn to before me on this 2nd day of July 19 42

(SEAL) Blanche M. Brainard Notary Public, residing at 1968 Union St San Diego Calif

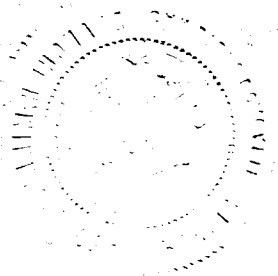
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 13 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



693-207-206-796

351038

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bingham (b) City Soda Springs.
(c) Street Address or R.F.D. No. Soda Springs.
(d) Name of Hospital or Maternity Home: At Home.
(e) Mother's stay BEFORE delivery: IN THIS county Life years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho. (b) County Bingham.
(c) City Soda Springs. Idaho.
(d) Street Address or R.F.D. No. Soda Springs.
(e) How long has MOTHER lived in Idaho? yrs.

3. RESIDENCE OF FATHER (city, state) Utah Life.

4. FULL NAME OF CHILD Althea Elizabeth Williams.

5. Date of Birth of Child (Month, day, year) Nov. 7. 1936

6. Sex Female **7.** Twin or Triplet **If so—born** 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? Yes.

FATHER OF CHILD

10. FULL NAME Warren Sidney Williams.
11. Color or Race White. **12.** Age at time of THIS birth 16 yrs.
13. Birthplace Utah. (City or town) (State or foreign country)
14. Exact Occupation Farming.
15. Industry or Business farming.

MOTHER OF CHILD

16. FULL MAIDEN NAME Christene Grow.
17. Color or Race White. **18.** Age at time of THIS birth 16 yrs.
19. Birthplace Utah. (City or town) (State or foreign country)
20. Exact Occupation Housewife.
21. Industry or Business Housewife.

22. Name prophylactic used to prevent Ophthalmia Neonatorum None.

23. Number of children of this mother: (a) At time of birth and including this child I (b) Born alive and now living I

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Alive (Born alive, stillborn) at 4P. M. on the date and at the place stated above, and that personal particulars were furnished by Warren S. Williams. (First name) (Last name), who is related to this child as Father. (Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Idaho. } ss.
County of Bannock. }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father. (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 63 years of age, that I have known this person for 42 years, and that Dr. Hoover (First name) (Last name), who attended this birth is now deceased. (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Warren S. Williams Signature
439 So. Arthur St. Pocatello, Idaho. P. O. Address

Subscribed and sworn to before me this 2 day of July, 1942

(SEAL) Allen Grimshaw Notary Public, residing at Pocatello, Idaho.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 13 1942 by Mabel [illegible], Registrar.

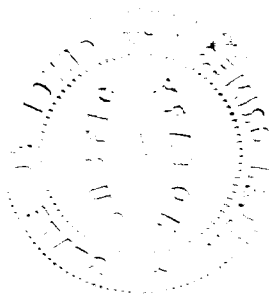
Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 15 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



862-130-031-394

351083

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Lewis (b) City Nezperce
(c) Street Address or R.F.D. No. Ave
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 2 years 4 months 30 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Lewis
(c) City Nezperce
(d) Street Address or R.F.D. No. Ave
(e) How long has **MOTHER** lived in Idaho? 54 yrs.

3. RESIDENCE OF FATHER (city, state) Nezperce Idaho.

4. FULL NAME OF CHILD Doyle Dee Hobart

5. Date of Birth of Child (Month, day, year) 6/30 - 1896

6. Sex Male

7. Twin or Triplet no. If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes.

FATHER OF CHILD

10. FULL NAME James Lennington Hobart.
11. Color or Race White **12.** Age at time of THIS birth 28 yrs.
13. Birthplace Fairbanks (City or town) Iowa. (State or foreign country)
14. Exact Occupation Farmer.
15. Industry or Business Farming

MOTHER OF CHILD

16. FULL MAIDEN NAME Elizabeth Crumpacker.
17. Color or Race White **18.** Age at time of THIS birth 32 yrs.
19. Birthplace Walla Walla. (City or town) Wash (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business Keeping House

22. Name prophylactic used to prevent Ophthalmia Neonatorum None.

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 7 15 A. M. on the date and at the place stated above, and that personal particulars were furnished by Elizabeth Hobart (First name) (Last name), who is related to this child as mother (Mother, etc.)

25. Attendant's **OWN** signature Adelaide Dunthorn M.D. Midwife Address Pomeroy Wash Date 6/27/42

State of ..... } ss.
County of ..... }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature

..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 3 1942 by ..... Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 16 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

719-217-225-356

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 351119
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Idaho (b) City Grangeville
(c) Street Address or R.F.D. No. 212 So. Hall
(d) Name of Hospital or Maternity Home: res. 212 So. Hall St.
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 6 years 11 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Idaho
(c) City Grangeville
(d) Street Address or R.F.D. No. 212 So. Hall St.
(e) How long has **MOTHER** lived in Idaho? 53 yrs.

3. RESIDENCE OF FATHER (city, state) Grangeville, Ida

4. FULL NAME OF CHILD Lydia Anne Parker

5. Date of Birth of Child (Month, day, year) Jan. 17, 1896

6. Sex female

7. Twin or Triplet Twin If so—born 1st, 2nd, 3rd 2nd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Aaron Foster Parker
11. Color or Race White
12. Age at time of THIS birth 41 yrs.
13. Birthplace Malvern Wells, England (City or town) (State or foreign country)
14. Exact Occupation Newspaper publisher
15. Industry or Business "

MOTHER OF CHILD

16. FULL MAIDEN NAME Mary Scott Newman
17. Color or Race White
18. Age at time of THIS birth 26 yrs.
19. Birthplace Fremont Nebraska (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

State of Idaho } ss.
County of Idaho }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 72 years of age, that I have known this person for 46 years, and that Dr. (First name) Ribby (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary N. Parker Signature
212 So Hall St, Grangeville, Ida. P. O. Address

Subscribed and sworn to before me this 13 day of July, 1942

(SEAL) Notary Public, residing at Grangeville Ida

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 15 1942 by ____, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 16 1942

JUL 9 1959

FEB 2 1959

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

613-212-030-613

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 351141
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Lemhi (b) City Salmon
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State (b) County
(c) City
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Myrtle Marie Walchli

5. Date of Birth of Child (Month, day, year) October 12, 1896

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME**
11. Color or Race White
12. Age at time of THIS birth yrs.
13. Birthplace (City or town) (State or foreign country)
14. Exact Occupation
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Foster Caroline Walchli
17. Color or Race White
18. Age at time of THIS birth yrs.
19. Birthplace Berne (City or town) Switzerland (State or foreign country)
20. Exact Occupation Housekeeper
21. Industry or Business

This birth certificate issued in accordance with the 1937 Idaho Session Laws permitting a new certificate to be made out in the foster name. Adoption made in Flathead County, State of Montana, April 29, 1904. Order of adoption gives date of birth as Oct 12, 1896. Mother's release gives place of birth as Salmon City, Idaho. Certified copy of adoption Order filed this 16th day of July, 1942 with Bureau of Vital Statistics, Boise, Idaho

and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Montana } ss.
County of Flathead }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the foster mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 65 years of age, that I have known this person for 39 years, and that I adopted her May 11, 1903 (First name) (Last name) (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Caroline Walchli Signature

Kalispell, Box. 136 P. O. Address

Subscribed and sworn to before me this 13th day of July, 1942.

(SEAL) Hans Walchli Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code. Unindicated.)

Received for filing on JUL 15 1942 by Mabel Tedder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or check.

DEC 0 9 2016

JUL 16 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

299-119-007-355

351221

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Blaine (b) City Bellevue
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: (d) at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 25 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Blaine
(c) City Bellevue
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 28 yrs.

3. RESIDENCE OF FATHER (city, state) Bellevue, Ida.

4. FULL NAME OF CHILD Cave James Kirtley

5. Date of Birth of Child (Month, day, year) Sept. 19, 1896

6. Sex male

7. Twin or Triplet single If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Lee Kirtley

11. Color or Race white **12.** Age at time of THIS birth 32 yrs.

13. Birthplace Missouri (City or town) (State or foreign country)

14. Exact Occupation miner

15. Industry or Business mining

MOTHER OF CHILD

16. FULL MAIDEN NAME Elizabeth Lee

17. Color or Race white **18.** Age at time of THIS birth 28 yrs.

19. Birthplace Bruno, Idaho (City or town) (State or foreign country)

20. Exact Occupation housewife

21. Industry or Business home

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of California } ss.
County of Sacramento }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 73 71 years of age, that I have known this person since birth, and that Mrs. Dayton, who attended this birth, is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Elizabeth Beat formerly Mrs Elizabeth Kirtley Signature
3949 Roosevelt Court, Sacramento, Calif. P. O. Address

Subscribed and sworn to before me this 7 day of July, 1942

(SEAL) Notary Public, residing at Sacramento Calif

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 16 1942 by Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 20 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

795-203-028-142

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 351255
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Kootenai (b) City Medimont
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: None
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 1 years 2 months 0 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Kootenai
(c) City Medimont
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? One yrs.

3. RESIDENCE OF FATHER (city, state) same as above

4. FULL NAME OF CHILD Charlotte Elizabeth Green

5. Date of Birth of Child (Month, day, year) 3/3/1896

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME James Pelton Green
11. Color or Race White
12. Age at time of THIS birth 35 yrs.
13. Birthplace Cayuga, Ontario, Canada (City or town) (State or foreign country)
14. Exact Occupation Section Hand
15. Industry or Business Railroad work

MOTHER OF CHILD

16. FULL MAIDEN NAME Esther Irene Jubb
17. Color or Race White
18. Age at time of THIS birth 19 yrs.
19. Birthplace Granger, Minnesota (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None

23. Number of children of this mother: (a) At time of birth and including this child One. (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife Address ____ Date ____

State of Washington } ss.
County of Lewis }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 65 years of age, that I have known this person for 46 years, and that Mrs. Jesse (First name) Snider (Last name), who attended this birth Cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Esther Irene Green. Signature

Morton Washington P. O. Address

Subscribed and sworn to before me this 11th day of July, 1942

(SEAL) John E. Day Notary Public, residing at Morton, Wash.

(Note: Perjury is punishable as a felony in Idaho, see Sec. 17-914, Idaho Code Annotated.)

Received for filing JUL 16 1942 by Mabel Fielder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 27 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

689 126029 365

352324

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 352324
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Latha (b) City Genesee
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: home
(e) Mother's stay BEFORE delivery: IN THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Latha
(c) City Genesee
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 16 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD James Albert Whitted

5. Date of Birth of Child (Month, day, year) Sept 26 1896

6. Sex male

7. Twin or Triplet no

If so—born 1st, 2nd, 3rd 4th.

8. No. months of Pregnacy 9 mos

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME William Albert Whitted
11. Color or Race white
12. Age at time of THIS birth 30 yrs.
13. Birthplace Boone (City or town) Iowa (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business farming

MOTHER OF CHILD

16. FULL MAIDEN NAME Mary Ester Coverdale
17. Color or Race white
18. Age at time of THIS birth 29 yrs.
19. Birthplace Esterville (City or town) Iowa (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 10

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born (Born alive, stillborn) at P M. on the date and at the place stated above and that personal particulars were furnished by Mary (First name) Whitted (Last name), who is related to this child as mother (Mother, etc.)

25. Attendant's **OWN** signature Sarah Ann Whitted ~~###~~ Midwife Address deceased Date

State of Washington
County of Cowlitz } ss.

AFFIDAVIT to be completed when the attendant does not sign ~~in Item 25.~~

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 75 years of age, that I have known this person for 46 years, and that Sarah Albert Whitted (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary Esther (Coverdale) Whitted Signature

4th & REdpath St Kelso, Washington P. O. Address

Subscribed and sworn to before me this 11th day of July, 19 42

(SEAL) Notary Public, residing at Kelso, Wash

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 17 1942 by [illegible], Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 2 0 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 352660
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Latah (b) City Troy
(c) Street Address or R.F.D. No. 5 mi. N. Troy
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 6 years 7 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State IDAHO (b) County LATAH
(c) City TROY
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Harvey Perman Chandler

5. Date of Birth of Child (Month, day, year) Oct. 16 1896

6. Sex male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Wesley Amacy Chandler
11. Color or Race white
12. Age at time of THIS birth 32 yrs.
13. Birthplace --- (City or town) Illinois (State or foreign country)
14. Exact Occupation wood hauler
15. Industry or Business " "

MOTHER OF CHILD

16. FULL MAIDEN NAME Frances Carolyn Yeager
17. Color or Race white
18. Age at time of THIS birth 20 yrs.
19. Birthplace Excellsior (City or town) Wis. (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business own home

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

State of New Mexico
County of Luna } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 66 years of age, that I have known this person for 45 years, and that Mrs. ? (First name) Daniels (Last name), who attended this birth dead (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Frances Carolyn Chandler Signature

Deming, New Mexico P. O. Address

Subscribed and sworn to before me this 20 day of July, 1942

(SEAL) M. Williams COUNTY CLERK, LUNA COUNTY DEMING, ~~Idaho~~ New Mexico at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 23 1942 by Mabel H. Chapin, Registrar.

JUL 2 7 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

251 224 0444 (94

352684

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 352684
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Ida., for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or check.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Washington (b) City Midvale
   (c) Street Address or R.F.D. No. none
   (d) Name of Hospital or Maternity Home: none
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county 20 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Wash
   (c) City Midvale
   (d) Street Address or R.F.D. No. none
   (e) How long has **MOTHER** lived in Idaho? 20 yrs.

3. **RESIDENCE OF FATHER** (city, state) Midvale, Ida

4. **FULL NAME OF CHILD** Anna Sarah Reed

5. Date of Birth of Child (Month, day, year) July 24, 1896

6. Sex Female

7. Twin or Triplet nr

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9 mos.

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Andrew Marion Reed

11. Color or Race White

12. Age at time of THIS birth 29 yrs.

13. Birthplace Boise, Idaho (City or town) (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business [illegible]

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ona Widner

17. Color or Race White

18. Age at time of THIS birth 23 yrs.

19. Birthplace Princeton, Mo. (City or town) (State or foreign country)

20. Exact Occupation housewife

21. Industry or [illegible]

22. Name prophylactic used for prevention [illegible]

23. Number of children of this [illegible] (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE [illegible]

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 12:01 A.M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho } ss.
County of Wash }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 69 years of age, that I have known this person for 45+ years, and that Ellen Reavis (First name) (Last name), who attended this birth, is now deceased (Is now deceased) or (Cannot be located), I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

✓ Ona Reed Signature

3470 Mulberry, Riverside, Calif. P. O. Address

Subscribed and sworn to before me this 22nd day of July, 1942

(SEAL) [illegible] Notary Public, residing at Riverside, Calif.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 24 1942 by [illegible], Registrar.

JUL 2 8 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 101, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Mrs. M. B. Reavis
4694 Jurupa Ave.,
Riverside,
Calif.

266 108001 368

352700

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No. 1

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Ada (b) City Boise
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: St. Home.
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Boise
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 4 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Frank Daniel Boone

5. Date of Birth of Child (Month, day, year) Nov. 8 1896

6. Sex

7. Twin or Triplet

If so—born 1st, 2nd, 3rd 1

8. No. months of Pregnacy

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Alonzo Tilburn Boone

11. Color or Race White

12. Age at time of THIS birth 25 yrs.

13. Birthplace Elko (City or town) Nevada (State or foreign country)

14. Exact Occupation Miner

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Janet Gertrude Loyd

17. Color or Race White

18. Age at time of THIS birth 19 yrs.

19. Birthplace Alvan (City or town) West Va. (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Oregon } ss.
County of Jackson }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 61 years of age, that I have known this person for years, and that Mary (First name) Murray (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Gertrude Boone Signature

Jacksonville Oregon P. O. Address

Subscribed and sworn to before me this 20th day of June, 1942

(SEAL) H C Mackenzie Notary Public, residing at Jacksonville Ore

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

My Commission Expires February 10, 19[illegible]

Received for filing on JUN 22 1942 by, Registrar.

JUL 2 8 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

942-106-029 159

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **352723**
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Latah (b) City Potlatch
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 35 years 3 months 14 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Potlatch
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 10 yrs.

3. **RESIDENCE OF FATHER** (city, state) Potlatch

4. **FULL NAME OF CHILD** Alvin Lee Russell

5. Date of Birth of Child (Month, day, year) Nov. 6, 1896

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes.

FATHER OF CHILD

10. **FULL NAME** William Carey Russell
11. Color or Race White
12. Age at time of THIS birth 39 yrs.
13. Birthplace Fort Scott (City or town) Mississippi (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Lucy Octavia Veremia
17. Color or Race White
18. Age at time of THIS birth 37 yrs.
19. Birthplace Butler (City or town) Mo. (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Washington
County of Whitman } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 80 yrs. 9 mos. years of age, that I have known this person for 45½ years, and that Roxy (First name) Norton (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Lucy Octavia Russell, Signature

Colfax Wash, P. O. Address

Subscribed and sworn to before me this 20th day of July, 1942

(SEAL)

Georgia Woodward Notary Public, residing at LaCrosse

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 27 1942 by Mabel S. Ladd, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 2 9 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

132-107-001-275

352996

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 352996

Local Reg. No.

Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Ada (b) City Boise.
   (c) Street Address or R.F.D. No. 206 W. Jeff. St.
   (d) Name of Hospital or Maternity Home: none
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county ____ years ____ months ____ days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Ada
   (c) City Boise
   (d) Street Address or R.F.D. No. 206 W. Jeff. St.
   (e) How long has **MOTHER** lived in Idaho? 12 yrs.

3. **RESIDENCE OF FATHER** (city, state) Boise Idaho

4. **FULL NAME OF CHILD** George Albert Atkinson

5. Date of Birth of Child (Month, day, year) Oct. 7 1896

6. Sex male

7. Twin or Triplet no If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** John Atkinson
11. Color or Race white
12. Age at time of THIS birth 60 yrs.
13. Birthplace Ontario Canada (City or town) (State or foreign country)
14. Exact Occupation blacksmith
15. Industry or Business blacksmith shop

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Melissa Jane Spence
17. Color or Race white
18. Age at time of THIS birth 39 yrs.
19. Birthplace Ontario Canada (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife Address ____ Date ____

State of Idaho
County of Ada } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the brother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 56 years of age, that I have known this person for 45 years, and that Dr. Collister (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

John W. Atkinson Signature

210 W. Jefferson St. Boise Idaho P. O. Address

Subscribed and sworn to before me this 7 day of August, 1942

(SEAL) Ethel M. Eules Notary Public, residing at Boise Ida.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 7 - 1942 by Maud E. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 8 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

055/21-029-546

353052

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Latah (b) City Genesee
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Born at home.
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years 10 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Genesee
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 23 yrs.

3. RESIDENCE OF FATHER (city, state) Genesee Ida.

4. FULL NAME OF CHILD George Henry Beebe

5. Date of Birth of Child (Month, day, year) March 21-1896

6. Sex male Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** William Henry Beebe
11. Color or Race white
12. Age at time of THIS birth 32 yrs.
13. Birthplace Laurin (City or town) montana (State or foreign country)
14. Exact Occupation Farmer.
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Elizabeth Tempere Edwards
17. Color or Race white
18. Age at time of THIS birth 21 yrs.
19. Birthplace Minneapolis (City or town) Minn. (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Boric acid

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I ~~attended~~ was at the birth of this child, who was Born alive (Born alive, stillborn) at 3 A.M. on the date and at the place stated above, and that personal particulars were furnished by Harriet (First name) Mercer (Last name), who is related to this child as Aunt. (Mother, etc.)

25. Attendant's **OWN** signature Harriet J. Mercer ~~M.D.~~ ~~Midwife~~ Address 11609 Saticoy N.H. Date 7-28-42

State of California
County of Los Angeles ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Aunt. (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 74 years of age, that I have known this person for 46 years, and that Mrs. (First name) Conant. (Last name), who attended this birth deceased. (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Harriet J. Mercer Signature

11609 Saticoy North Hollywood P. O. Address

My Commission Expires July 2, 1945

Subscribed and sworn to before me this 28 day of July, 1942

(SEAL)

Mary C. Woody Notary Public, residing at Roscoe Cal

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 31 1942 by Mabel Weber, Registrar.

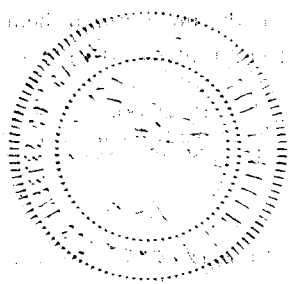
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 5 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



691-220022-282

353139

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Jefferson (b) City Independence
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 2 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City Independence
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 2 yrs.

3. RESIDENCE OF FATHER (city, state) same

4. FULL NAME OF CHILD Rhoda Pearl France

5. Date of Birth of Child (Month, day, year) Jan. 20, 1896

6. Sex female **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnancy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Joseph Rudder France
11. Color or Race White **12.** Age at time of THIS birth 43 yrs.
13. Birthplace Salt Lake City (City or town) Utah (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Dora Minerva Bybee
17. Color or Race White **18.** Age at time of THIS birth 32 yrs.
19. Birthplace Mountain Green (City or town) Utah (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Bonneville } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that the midwife (France unknown) (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary Ellen France Craig Signature
457 Broadway, Idaho Falls, Idaho P. O. Address

Subscribed and sworn to before me this 29 day of July, 19 42

(SEAL)

Notary Public, residing at Idaho Falls, Ida.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 3 1942 by Mary E. Eagleson, Registrar.

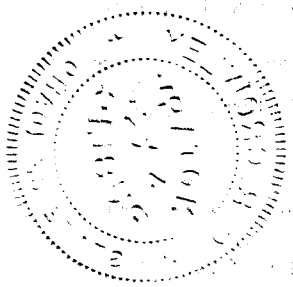
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

OCT 2 2 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



551-230-028 249

353153

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Kootenai (b) City Meadow Mount
(c) Street Address or R.F.D. No. None
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery: **IN THIS** county 4 years 0 months 0 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Kootenai
(c) City Meadow Mount
(d) Street Address or R.F.D. No. None
(e) How long has **MOTHER** lived in Idaho? 4 yrs.

3. RESIDENCE OF FATHER (city, state) Idaho.

4. FULL NAME OF CHILD Eva Grace Evans

5. Date of Birth of Child (Month, day, year) Sept. 30, 1896

6. Sex Female **7.** Twin or Triplet No If so—born 1st, 2nd, 3rd No **8.** No. months of Pregnacy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Clyde Major Evans
11. Color or Race White **12.** Age at time of THIS birth 24 yrs.
13. Birthplace State of Penna. (City or town) (State or foreign country)
14. Exact Occupation Merchant
15. Industry or Business 11

MOTHER OF CHILD

16. FULL MAIDEN NAME Alda Lorena Smith
17. Color or Race White **18.** Age at time of THIS birth 22 yrs.
19. Birthplace State of Iowa (City or town) (State or foreign country)
20. Exact Occupation Housewife.
21. Industry or Business 11

22. Name prophylactic used to prevent Ophthalmia Neonatorum None

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

State of Idaho } ss.
County of Kootenai }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 68 years of age, that I have known this person for 46 years, and that Dr Mackett (First name) (Last name), who attended this birth Cannot be found (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Alda L Evans Signature
Easton, Wash. P. O. Address

Subscribed and sworn to before me this 30 day of July, 1942

(SEAL) John R. Phillips Notary Public residing at Lewiston, Ida.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914 Idaho Code Annotated.

Received for filing on AUG 4 1942 by Mabel Hatch, Registrar.

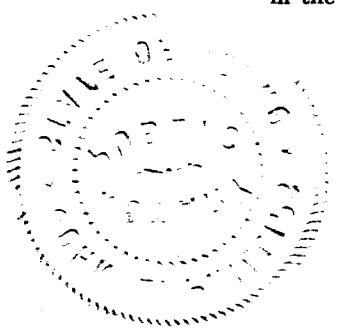
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AUG 6 1962

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



286-110 004-239

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 353217
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bear Lake (b) City Montpelier
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
Born at home
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county 8 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bear Lake
(c) City Montpelier
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Harold Leslie Short

5. Date of Birth of Child (Month, day, year) Oct. 10, 1896

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 mo.

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Henry (Harry) Short

11. Color or Race White

12. Age at time of THIS birth 42 yrs.

13. Birthplace Derbyshire (City or town), England (State or foreign country)

14. Exact Occupation Railroad Machinist

15. Industry or Business Naturalized 1887.

MOTHER OF CHILD

16. FULL MAIDEN NAME Betsy Straw

17. Color or Race White

18. Age at time of THIS birth 35 yrs.

19. Birthplace Langley Mill (City or town), England (State or foreign country)

20. Exact Occupation housewife

21. Industry or Business Naturalized Nov. 6, 1888

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Bear Lake } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 80 years of age, that I have known this person for all his life years, and that Mrs. Bridgers (First name), midwife (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Betsy Straw Short — Signature

Box 163, Montpelier, Ida. — P. O. Address

Subscribed and sworn to before me this 29th day of July, 1942.

(SEAL) Chas. Estabrook — Notary Public, residing at Montpelier, Ida.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 5 1942 by Mabel Nelson, Registrar.

AUG 7 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

693 ID1 036-469

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 353343
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Oneida (b) City Gwenford
(c) Street Address or R.F.D. No. none
(d) Name of Hospital or Maternity Home: none
(e) Mother's stay **BEFORE** delivery: IN THIS county 24 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Oneida
(c) City Gwenford
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 36 yrs.

3. RESIDENCE OF FATHER (city, state) Samaria, Idaho

4. FULL NAME OF CHILD George Morse Williams

5. Date of Birth of Child (Month, day, year) May 1, 1896

6. Sex Male **7.** Twin or Triplet . If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME George H Williams
11. Color or Race White **12.** Age at time of THIS birth 28 yrs.
13. Birthplace Woodruff, (City or town) Idaho (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Agriculture

MOTHER OF CHILD

16. FULL MAIDEN NAME Sarah Elizabeth Morse
17. Color or Race White **18.** Age at time of THIS birth 24 yrs.
19. Birthplace Samaria, (City or town) Idaho (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Household

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) ~~At~~ time of birth and including this child 8 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Oneida } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 71 years of age, that I have known this person for All his Life years, and that Maria Morse (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

✓ George H Williams Signature

Samaria, Idaho P. O. Address

Subscribed and sworn to before me this day of August, 1942

(SEAL) Bill Sallis Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 8 1942 by Mabel F. Fuller, Registrar.

AUG 1 2 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

165-227036-313

353344

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Oneida (b) City Gwenford
(c) Street Address or R.F.D. No. None
(d) Name of Hospital or Maternity Home: None
(e) Mother's stay **BEFORE** delivery: IN THIS county 23 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Oneida
(c) City Malad
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 68 yrs.

3. RESIDENCE OF FATHER (city, state) Malad, Idaho

4. FULL NAME OF CHILD Stella Jones

5. Date of Birth of Child (Month, day, year) November 27 1896

6. Sex Female 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** John Thomas Jones
11. Color or Race White 12. Age at time of THIS birth 25 yrs.
13. Birthplace Hyrum (City or town) Utah (State or foreign country)
14. Exact Occupation Laborer
15. Industry or Business Farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Margret Elizabeth Caldwell
17. Color or Race White 18. Age at time of THIS birth 23 yrs.
19. Birthplace Malad, (City or town) Idaho (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Household

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 11

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Oneida } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 68 years of age, that I have known this person for All her life years, and that Dr. MacKity (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Margaret Elizabeth Caldwell Signature
Malad, Idaho P. O. Address

Subscribed and sworn to before me this 1 day of August, 1942

(SEAL) Bill Tallis Notary Public, residing at Malad, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-924, Idaho Code Annotated.)

Received for filing on AUG 8 1942 by Mabel Tolman, Registrar.

AUG 1 2 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

666-115 006-363

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 353425
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bingham (b) City Bates
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: None
   (e) Mother's stay **BEFORE** delivery: IN THIS county 17 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bingham
   (c) City Bates
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 17 yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Acel Clinton Wood

5. Date of Birth of Child (Month, day, year) April 15 1896

6. Sex Male

7. Twin or Triplet -

If so—born 1st, 2nd, 3rd -

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Samuel Lee Wood
11. Color or Race White
12. Age at time of THIS birth 47 yrs.
13. Birthplace Geina, Illinois (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Ann Cockrell
17. Color or Race White
18. Age at time of THIS birth 40 yrs.
19. Birthplace Old Belton, Englend (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 10 (b) Born alive and now living 8

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 2:30 P.M. on the date and at the place stated above, and that personal particulars were furnished by Lucy Andrews (First name) (Last name), who is related to this child as sister (Mother, etc.)

25. Attendant's **OWN** signature Lucy Andrews M.D. Midwife Address Driggs, Idaho. Date Aug 6 '42

State of
County of } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 10 1942 by Mark Webster, Registrar.

AUG 14 1942

AUG 20 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

253-105 007 819

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 353470
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Blaine (b) City Carey
(c) Street Address or R.F.D. No. —
(d) Name of Hospital or Maternity Home: —
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 11 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho X (b) County Blaine
(c) City Carey
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 11 yrs.

3. RESIDENCE OF FATHER (city, state) Idaho, Carey

4. FULL NAME OF CHILD Harris Sidney Kelley

5. Date of Birth of Child (Month, day, year) Oct. 5, 1896

6. Sex M.

7. Twin or Triplet Single If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Sidney Alexander Kelley
11. Color or Race White **12.** Age at time of THIS birth 38 yrs.
13. Birthplace Ogden (City or town) Utah (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business Own Farm

MOTHER OF CHILD

16. FULL MAIDEN NAME Susan Caroline Harris
17. Color or Race White **18.** Age at time of THIS birth 26 yrs.
19. Birthplace Coalville (City or town) Utah (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Own home

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

State of Montana } ss.
County of Granite }

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 72 years of age, that I have known this person for 46 years, and that Susan (First name) (Mother) Harris (Last name), who attended this birth Is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I ~~desire to have~~ this birth recorded under Chapter 139, 1937 Session Laws.

Susan Caroline Martin Signature
Philipsburg, Montana P. O. Address

Subscribed and sworn to before me this 23rd day of July, 1942
(SEAL) E. J. Donnelly, Clerk of District Court ~~Notary Public~~, residing at Philipsburg, Montana

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 12 1942 by Mabel E. Gallen, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 14 1942
FEB 24 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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295-222-001-141

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 353619
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Ada (b) City Meridian
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 5 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Ada
(c) City ~~Boise~~ Meridian
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 8 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Edna Marie Bingman

5. Date of Birth of Child (Month, day, year) Jan 22 1896

6. Sex female **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME William Monroe Bingman
11. Color or Race White **12.** Age at time of THIS birth yrs.
13. Birthplace (City or town) (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Delila Jane Adams
17. Color or Race White **18.** Age at time of THIS birth 36 yrs.
19. Birthplace (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Oregon
County of Jackson } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 81 years of age, that I have known this person for ✓ years, and that Mrs. Matlock (First name) (Last name), who attended this birth now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Witnesses Mrs. B. Griggs, Mrs. C. R. Richmond

Delila Jane Her Mark Bingman Signature

#803 McAndrews Road, Medford, Oregon P. O. Address

Subscribed and sworn to before me this 23rd day of July, 19 42.

(SEAL) C. C. Pierce Notary Public, residing at Medford, Ore.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 14 1942 by Mary Edelen, Registrar.

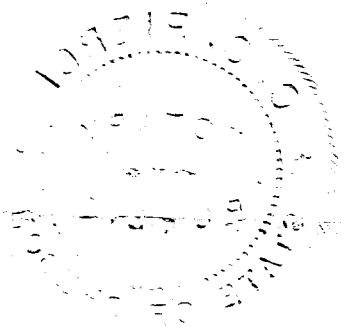
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 16 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth ~~which has occurred subsequent to such~~ date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



655-17-020-465

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 353712
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Elmore (b) City Pine
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: None
(e) Mother's stay BEFORE delivery: IN THIS county 7 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Elmore
(c) City Pine
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 12 yrs.

3. RESIDENCE OF FATHER (city, state) Pine, Idaho

4. FULL NAME OF CHILD Larkin Alucius O'Neill

5. Date of Birth of Child (Month, day, year) June 17, 1896

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME James O'Neill
11. Color or Race White
12. Age at time of THIS birth 32 yrs.
13. Birthplace Roundout (City or town) New York (State or foreign country)
14. Exact Occupation Miner
15. Industry or Business Mining

MOTHER OF CHILD

16. FULL MAIDEN NAME Mary Terresa Donnally
17. Color or Race white
18. Age at time of THIS birth 32 yrs.
19. Birthplace Letrum Co. (City or town) Ireland (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife Address ____ Date ____

State of Idaho } ss.
County of Elmore }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 79 years of age, that I have known this person for 46 years, and that ____ (First name) ____ (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary O'Neill Signature

P. O. Address

Subscribed and sworn to before me this 8 day of July 19 42

(SEAL) James A. Nance Notary Public, residing at Elmore County Court House Elmore Co. Ida

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 7 1942 by ____, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 20 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

319-226-003-559

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 353722
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bannock (b) City Pocatello
(c) Street Address or R.F.D. No. 400 So 2nd
(d) Name of Hospital or Maternity Home: At Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 7yrs years 7 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City Pocatello
(d) Street Address or R.F.D. No. 400 So. 2nd
(e) How long has **MOTHER** lived in Idaho? 7yrs yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Sigar Charlotte Larsen

5. Date of Birth of Child (Month, day, year) July 26, 1896

6. Sex Female **7.** Twin or Triplet Single If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9mo **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Peter Larsen
11. Color or Race White **12.** Age at time of THIS birth 27 yrs.
13. Birthplace Oslo Norway (City or town) (State or foreign country)
14. Exact Occupation Rock Mason
15. Industry or Business building

MOTHER OF CHILD

16. FULL MAIDEN NAME Mariane Neilsen
17. Color or Race White **18.** Age at time of THIS birth 32 yrs.
19. Birthplace Copenhagen, Denmark (City or town) (State or foreign country)
20. Exact Occupation Dressmaker
21. Industry or Business housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum —

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Bannock } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the midwife (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 71 years of age, that I have known this person for 46 years, and that Elizabeth Fraser (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Elizabeth Fraser Signature
Pocatello P. O. Address

Subscribed and sworn to before me this 15th day of August 1942

(SEAL) Clyde Bower Notary Public, residing at Pocatello Ida.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 18 1942 by Mark H. Wilson, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 20 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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289-202-014-515

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 353750
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Washington (b) City Weiser
(c) Street Address or R.F.D. No. State St.
(d) Name of Hospital or Maternity Home: At own Home
(e) Mother's stay BEFORE delivery: IN THIS county 15 years 5 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Washington
(c) City Weiser
(d) Street Address or R.F.D. No. State St
(e) How long has MOTHER lived in Idaho? 15 yrs.

3. RESIDENCE OF FATHER (city, state) Weiser Ida

4. FULL NAME OF CHILD Marguerite Shirley

5. Date of Birth of Child (Month, day, year) July 2-1896

6. Sex Female

7. ~~Twin or Triplet.~~ If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Charles Burchell Shirley
11. Color or Race White
12. Age at time of THIS birth 49 yrs.
13. Birthplace Alexandria (City or town) Virginia (State or foreign country)
14. Exact Occupation Physician
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Sara Augusta VanSwearingen
17. Color or Race White
18. Age at time of THIS birth 41 yrs.
19. Birthplace Uniontown (City or town) Pennsylvania (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date ..... and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's OWN signature ..... M.D. Midwife Address ..... Date .....

State of Oregon, County of Josephine } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the brother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 52 years of age, that I have known this person for since birth years, and that C.B.Shirley M.D. (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Chas B Shirley Signature

928 Lawnridge Ave, Grants Pass, Oregon P. O. Address

Subscribed and sworn to before me this 7th day of August, 19 42

(SEAL) James Martin Notary Public, residing at Grants Pass Ore

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) COMMISSION EXPIRES

Received for filing on AUG 15 1942 by Mary Keller, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 20 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

434-121-044-219

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 353853
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Washington (b) City Council
(c) Street Address or R.F.D. No. none
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Washington
(c) City Council
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 18 yrs.

3. **RESIDENCE OF FATHER** (city, state) 18

4. **FULL NAME OF CHILD** Jonathan Earl Mc Mahan

5. Date of Birth of Child (Month, day, year) Feb. 21, 1896

6. Sex male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Isaac Mc Mahan
11. Color or Race white
12. Age at time of THIS birth 36 yrs.
13. Birthplace Kirksville (City or town) Missouri (State or foreign country)
14. Exact Occupation merchant
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Lucy Emeline Barnes
17. Color or Race white
18. Age at time of THIS birth 30 yrs.
19. Birthplace Forest Grove (City or town) Oregon (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum nothing
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address unknown Date

State of Idaho
County of Adams } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 75 years of age, that I have known this person for 46 years, and that Dr Lee (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Lucy E. McMahan Signature

Inuitvale Idaho P. O. Address

Subscribed and sworn to before me this 17th day of August, 1942

(SEAL) H. A. Carr Notary Public, residing at Council Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 20 1942 by Mabel Hughes, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 22 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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434-202-2045-419

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 353854
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Washington (b) City Indian Valley
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Washington
(c) City Indian Valley
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 12 yrs.

3. **RESIDENCE OF FATHER** (city, state) Indian Valley

4. **FULL NAME OF CHILD** Irene Mc Dowell

5. Date of Birth of Child (Month, day, year) April 2, 1898

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Albert Mc Dowell
11. Color or Race white
12. Age at time of THIS birth 33 yrs.
13. Birthplace Ohio (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Nettie Markeberry
17. Color or Race white
18. Age at time of THIS birth 25 yrs.
19. Birthplace Hibbs, Arkansas (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum unknown

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Adams } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 70 years of age, that I have known this person for 46 years, and that Anna Willerson (First name) (Last name), who attended this birth is deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Nettie McDowell Signature

Fruitvale Idaho P. O. Address

Subscribed and sworn to before me this 17th day of August, 1942

(SEAL) H. A. Carr Notary Public, residing at Cascade Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914 Idaho Code Annotated.)

Received for filing on AUG 20 1942 by Mary E. Colson, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 2 2 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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763-205-014-691

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 353882
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Canyon (b) City Caldwell
(c) Street Address or R.F.D. No. 1112 Blaine
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 3 years 9 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Canyon
(c) City Caldwell
(d) Street Address or R.F.D. No. 1112 Blaine
(e) How long has **MOTHER** lived in Idaho? 3¾ yrs.

3. RESIDENCE OF FATHER (city, state) Caldwell, Ida

4. FULL NAME OF CHILD Dorothea Gwinn Goldsmith

5. Date of Birth of Child (Month, day, year) 5-5-1896

6. Sex F

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Louis Alvin Goldsmith
11. Color or Race White
12. Age at time of THIS birth 26 yrs.
13. Birthplace (City or town) Missouri (State or foreign country)
14. Exact Occupation Ranching
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ellen Lauren Frazer
17. Color or Race White
18. Age at time of THIS birth 22 yrs.
19. Birthplace (City or town) Kansas (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (Born alive, stillborn) at 2 A.M. on the date and at the place stated above, and that personal particulars were furnished by Ernest Frazer (First name) (Last name), who is related to this child as Uncle (Mother, etc.)

25. Attendant's **OWN** signature Emma J. Hedrick, Midwife Address Caldwell Idaho Date 8-18-42

State of
County of } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 20 1942 by Mabel E. Peters, Registrar.

AUG 2 2 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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413 220 036 343

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 354931
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Onida (b) City Ovid
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months 21 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Wyo. (b) County Unita
(c) City Cokeville
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? yrs.

3. RESIDENCE OF FATHER (city, state) Cokeville Wyo

4. FULL NAME OF CHILD Sylvia Machin

5. Date of Birth of Child (Month, day, year) Mar. 20th 1896

6. Sex Female **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnancy 9 **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME John William Machin
11. Color or Race White **12.** Age at time of THIS birth 32 yrs.
13. Birthplace Birchwood (City or town) England (State or foreign country)
14. Exact Occupation Rancher
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Sylvia Cutler
17. Color or Race White **18.** Age at time of THIS birth 28 yrs.
19. Birthplace Pontypridd (City or town) South Wales (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of CALIFORNIA. }
County of LOS ANGELES } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 74 years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Sylvia Machin Signature

4300 LAUREL GROVE AVE., NORTH HOLLYWOOD. P. O. Address

Subscribed and sworn to before me this 13th day of AUGUST, 19 42

(SEAL) My Commission Expires December 11 1943 Notary Public, residing at 12041 VENTURA STUDIO CITY.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914 Idaho Code Annotated.)

Received for filing on AUG 20 1942 by , Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 24 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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249-225006-514

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 355037
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bingham (b) City ---
(c) Street Address or R.F.D. No. Prospect
(d) Name of Hospital or Maternity Home: At home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 10 years 5 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bingham
(c) City ---
(d) Street Address or R.F.D. No. Prospect
(e) How long has **MOTHER** lived in Idaho? 17 yrs.

3. RESIDENCE OF FATHER (city, state) Idaho

4. FULL NAME OF CHILD Cora Althea Smith

5. Date of Birth of Child (Month, day, year) June-25-1896

6. Sex Female **7.** Twin or Triplet NO If so—born 1st, 2nd, 3rd **8.** No. months of Pregnancy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Charles H. Smith
11. Color or Race White **12.** Age at time of THIS birth 26 yrs.
13. Birthplace Bureau (City or town) Illinois (State or foreign country)
14. Exact Occupation Loan Broker
15. Industry or Business Same

MOTHER OF CHILD

16. FULL MAIDEN NAME Mary H. Vaughn
17. Color or Race White **18.** Age at time of THIS birth 23 yrs.
19. Birthplace Eureka, Utah (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Same

22. Name prophylactic used to prevent Ophthalmia Neonatorum Unknown

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife Address ____ Date ____

State of Utah
County of Weber } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 68 years of age, that I have known this person for 46 years, and that Mrs. (unknown) Shelton (First name) (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

x Mary H. Smith Signature

My Commission Expires Nov. 11, 1945 1179-25th St., Ogden, Utah P. O. Address

Subscribed and sworn to before me this 20th day of August, 1942

(SEAL) Deane Carlson Notary Public, residing at Ogden, Utah

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 22 1942 by ____, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 26 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

693-121016-379

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **355046**
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Cassia (b) City Oakley.
(c) Street Address or R.F.D. No. 2.
(d) Name of Hospital or Maternity Home: Home.
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 15 years 6 months 18 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Cassia
(c) City Oakley.
(d) Street Address or R.F.D. No. 2.
(e) How long has **MOTHER** lived in Idaho? 39 yrs.

3. **RESIDENCE OF FATHER** (city, state) Oakley Ida

4. **FULL NAME OF CHILD** Esther Eugene Wilson

5. Date of Birth of Child (Month, day, year) Nov. 21. 1896

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Esther Landrum Wilson
11. Color or Race White
12. Age at time of THIS birth 28 yrs.
13. Birthplace Eden (City or town) Weber Co. (State or foreign country) Utah.
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Clara Emerette Critchfield
17. Color or Race White
18. Age at time of THIS birth 24 yrs.
19. Birthplace Erda (City or town) Tooele Co. (State or foreign country) Utah
20. Exact Occupation House-wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I ~~HEREBY~~ CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Cassia } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 74 years of age, that I have known this person for 46 years, and that Urilda McBride (First name) (Last name), who attended this birth Is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Esther Landrum Wilson Signature

Oakley Idaho P. O. Address

Subscribed and sworn to before me this 22 day of August 1942

(SEAL)

C. E. Larson Notary Public, residing at Oakley Ida

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 25 1942 by Mark Heslen, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 27 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

659-182-015-796

355068

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Cassia (b) City Albion
(c) Street Address or R.F.D. No. None
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 14 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Cassia
(c) City Albion
(d) Street Address or R.F.D. No. None
(e) How long has **MOTHER** lived in Idaho? 14 yrs.

3. **RESIDENCE OF FATHER** (city, state) Albion Idaho

4. **FULL NAME OF CHILD** Arthur Pangore Ferguson

5. Date of Birth of Child (Month, day, year) March 22 1896

6. Sex Male

7. Twin or Triplet No If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy Nine

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** James Henry Ferguson
11. Color or Race White
12. Age at time of THIS birth 40 yrs.
13. Birthplace Lutman (City or town) Virginia (State or foreign country)
14. Exact Occupation Carpenter
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Martha Matilda Grover
17. Color or Race White
18. Age at time of THIS birth 34 yrs.
19. Birthplace Bellevilla (City or town) Illinois (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of California } ss.
County of Los Angeles }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 39 years of age, that I have known this person for 39 years, and that Mrs Williams (First name) (Last name), who attended this birth is Deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, Laws of Idaho, 1941 Session.

x Mary Corazon Bailey Signature

P. O. Address

Subscribed and sworn to before me this 22nd day of Aug, 1942

(SEAL) Notary Public, residing at Los Angeles Cal.

NOTARY PUBLIC
In and for the County of Los Angeles, State of California.
My Commission Expires Aug. 15, 1943

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 25 1942 by Mabel W. Peterson, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 27 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

296-225 007-345

355091

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 355091

Registration District No. 410 State File No. _____

Prim. Registration District No. _____ Local Registrar's No. 8

1. PLACE OF BIRTH
County of Blaine
City of Stanton
No. Farm St.
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Mary Margaret Brown

3. Sex: Female

If plural births: 4. Twin, triplet, or other _____ 5. Number, in order of birth _____

6. Premature Full term yes

7. Legitimate? yes

8. Date of birth 8 25, 1896 (Month, Day, Year)

FATHER

9. Full name Michael Brown

10. Residence (usual place of abode) (If non-resident, give place and State) Stanton, Idaho

11. Color or race white | 12. Age at last birthday 44 (years)

13. Birthplace (city or place) Duluth (State or Country) Michigan

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Farm

16. Date (month and year) last engaged in this work present, 19__

17. Total time (years) spent in this work 22

MOTHER

18. Full maiden name Elizabeth Cathrine Cunningham

19. Residence (usual place of abode) (If non-resident, give place and State) Stanton, Idaho

20. Color or race white | 21. Age at last birthday 36 (years)

22. Birthplace (city or place) Cascade, (State or Country) Iowa

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housekeeper

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Home

25. Date (month and year) last engaged in this work present, 19__

26. Total time (years) spent in this work 3

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Argyrol 2 %

28. Number of children of this mother (At time of this birth and including this child) 1
(a) Born alive and now living 1 (b) Born alive but now dead 0 (c) Stillborn 0

29. If stillborn, period of gestation _____ months or weeks

30. Cause of Stillbirth _____ During labor _____ Before labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born Alive (Born Alive or Stillborn) at 2:P m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____ (Date of)

Registrar.

(Signed) _____, M. D.
or X Mrs Harriet McCoy, Midwife
Address Moscow, Idaho.

Filed 9-24, 1940 Robert H. Wright
AUG 1942
Registrar.

MAR 3 1975

AUG 2 8 1942

DELAYED

267-111-040-168

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 355302
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Shoshone (b) City Wardner
   (c) Street Address or R.F.D. No. None
   (d) Name of Hospital or Maternity Home: Born at home
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county 8 years ? months ? days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Shoshone
   (c) City Wardner
   (d) Street Address or R.F.D. No. None
   (e) How long has **MOTHER** lived in Idaho? 8 yrs.

3. **RESIDENCE OF FATHER** (city, state) Idaho

4. **FULL NAME OF CHILD** GEORGE DEWEY BOGOVICH

5. Date of Birth of Child (Month, day, year) Oct. 11, 1896

6. Sex male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy nml.

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** JOHN BOGOVICH
11. Color or Race white
12. Age at time of THIS birth 47 yrs.
13. Birthplace Malinska (City or town) Jugo Slavia (State or foreign country)
14. Exact Occupation Landlord
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Hilda Johnson
17. Color or Race white
18. Age at time of THIS birth 35 yrs.
19. Birthplace Stockholm (City or town) Sweden (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Boric Acid
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

State of California
County of Solano } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 56 years of age, that I have known this person for 46 years, and that Dr. T. R. Mason (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Rose J. Pace Signature

316 Capitol St., Vallejo P. O. Address

Subscribed and sworn to before me this 27th day of August, 1942

(SEAL) Blanche W. Robins Notary Public, residing at Vallejo, Cal.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on [redacted] 31 1942 by Mabel Keeler, Registrar.

SEP 3 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

815-110-007-714

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 355319
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Blaine (b) City Moore
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Resident
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 0 yr years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Blaine
(c) City Moore
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 51 yrs.

3. **RESIDENCE OF FATHER** (city, state) Moore Ida.

4. **FULL NAME OF CHILD** Mirl James Haney

5. Date of Birth of Child (Month, day, year) Nov 9th 1896

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd n

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** James P Haney

11. Color or Race White

12. Age at time of THIS birth 29 yrs.

13. Birthplace Robbers Roost Mont.
(City or town) (State or foreign country)

14. Exact Occupation Farmer.

15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Harriet S Gammet

17. Color or Race White

18. Age at time of THIS birth 28 yrs.

19. Birthplace American Fork . Utah
(City or town) (State or foreign country)

20. Exact Occupation House wife

21. Industry or ~~Business~~

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Bonneville } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Aunt (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 67 years of age, that I have known this person for 45 years, and that Anne Savaria (First name) (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Olive S Haney Signature

Moore Butte Co Idaho P. O. Address

Subscribed and sworn to before me this 27 day of August, 1942

(SEAL)

Notary Public, residing at Arco, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Aug 31 1942 by Mirl McEuen, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

SEP 2 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

395-215-040-712

355347

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Shoshone (b) City Kellogg
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 10 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Shoshone
(c) City Kellogg
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 10 yrs.

3. **RESIDENCE OF FATHER** (city, state) Kellogg Idaho

4. **FULL NAME OF CHILD** Stella May Linney

5. Date of Birth of Child (Month, day, year) July 15-1896

6. Sex female

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? yes.

FATHER OF CHILD

10. **FULL NAME** William Linney
11. Color or Race white
12. Age at time of THIS birth 35 yrs.
13. Birthplace Toronto (City or town) Canada (State or foreign country)
14. Exact Occupation Mill man.
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Clara Malinda Paschel
17. Color or Race white
18. Age at time of THIS birth 29 yrs.
19. Birthplace Morrison (City or town) Illinois (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Washington
County of King } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Brother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 53 years of age, that I have known this person for 46 years, and that (unknown) (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

William Henry Linney Signature
916 University St P. O. Address

Subscribed and sworn to before me this 21 day of August, 1942

(SEAL) Daisy M Young Notary Public, residing at Seattle

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 31 1942 by Mary Keeler, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

SEP 2 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

213-131-025-221

355367

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Idaho (b) City Grangeville
(c) Street Address or R.F.D. No. RFD #1
(d) Name of Hospital or Maternity Home: Private Residence
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 11 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Idaho
(c) City Grangeville
(d) Street Address or R.F.D. No. RFD #1
(e) How long has **MOTHER** lived in Idaho? 8 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD James Ivan Yates

5. Date of Birth of Child (Month, day, year) May 31, 1896

6. Sex Male

7. Twin or Triplet No If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Lee Yates
11. Color or Race White
12. Age at time of THIS birth 37 yrs.
13. Birthplace Lookinglass, Oregon (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business XX

MOTHER OF CHILD

16. FULL MAIDEN NAME Sarah Skaggs
17. Color or Race White
18. Age at time of THIS birth 32 yrs.
19. Birthplace Gravette, Arkansas (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business XX

22. Name prophylactic used to prevent Ophthalmia Neonatorum XX

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was XX (Born alive, stillborn) at XX M. on the date and at the place stated above, and that personal particulars were furnished by XX (First name) (Last name), who is related to this child as XX (Mother, etc.)

25. Attendant's **OWN** signature XX M.D. Midwife Address XX Date XX

State of Washington } ss.
County of King }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 70 years of age, that I have known this person for 46 years, and that Rebecca A. Lyle (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Sarah Yates Signature
Vashon, Washington P. O. Address

Subscribed and sworn to before me this 28th day of August, 19 42.

(SEAL) Notary Public, residing at Seattle, Wash.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on SEP 1 1942 by Mabel Fielder, Registrar.

SEP 3 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

713-226-003-145

355467

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

SEP 3 1942

State File No.
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bannock (b) City McCammon
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City McCammon
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 20 yrs.

3. RESIDENCE OF FATHER (city, state) Idaho

4. FULL NAME OF CHILD Hazel Elva Packer

5. Date of Birth of Child (Month, day, year) Feb. 26. 1896

6. Sex Female **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnancy **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME Walter McFarlin Packer
11. Color or Race White **12.** Age at time of THIS birth 50 yrs.
13. Birthplace Jackson county Mo. (City or town) (State or foreign country)
14. Exact Occupation Laborer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Elizabeth Harriet Ames
17. Color or Race White **18.** Age at time of THIS birth 30 yrs.
19. Birthplace Layton Utah (City or town) (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, ~~stillborn~~) at M. on the date and at the place stated above, and that personal particulars were furnished by Frances (First name) Warr (Last name), who is related to this child as Sister (~~Mother~~, etc.) Frances Warr

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho } ss.
County of Bannock }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 53 years of age, that I have known this person for 46 years, and that _____ (First name) _____ (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Hazel Elva Packer Ruoh (Signature)
9004 Burnett St San Fernando Cal (P. O. Address)

My Commission Expires Oct 15 1945

Subscribed and sworn to before me this 29 day of Aug 1942

(SEAL) Nicholas Patrick Kennedy Notary Public, residing at San Fernando Cal

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on SEP 3 1942 by Mabel K. Nelson, Registrar.

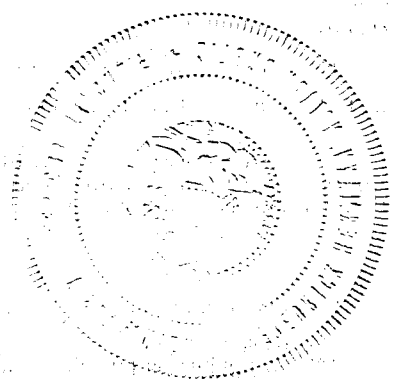
SEP 30 1969

SEP 5 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



4/15-112-2014-795

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 355493
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Canyon (b) City Emmett
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery: IN THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Canyon
(c) City Emmett
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 2 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Lee Roy Davenport

5. Date of Birth of Child (Month, day, year) Sept. 12-1896

6. Sex Male **7.** Twin or Triplet No If so—born 1st, 2nd, 3rd 3d **8.** No. months of Pregnacy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Marion John Davenport
11. Color or Race White **12.** Age at time of THIS birth 38 ? yrs.
13. Birthplace Jasper Mo. (City or town) (State or foreign country)
14. Exact Occupation farming
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Fannie Ellen Green
17. Color or Race White **18.** Age at time of THIS birth 18 yrs.
19. Birthplace Hardy Neb. (City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum ?

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 8

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's OWN signature Sadie Green M.D. Midwife Address 414 E. A. St Date Aug 25

Was attended by a neighbor Sadie Green - now in Wyoming.

State of California } ss.
County of San Francisco }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 64 years of age, that I have known this person for 46 years, and that Sadie (First name) Green (Last name), who attended this birth is now at Casper Wyoming (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

X Mrs Frances Davenport Signature
116 Liberty St. San Francisco P. O. Address

Subscribed and sworn to before me this 31 day of July, 1942

(SEAL) S. Walter Burke Notary Public, residing at San Francisco

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 14 1942 by Mabel K. Gelsthorpe, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

SEP 8 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

653-229-01b-363 355550 355550

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 355550
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Cassia (b) City Okley
(c) Street Address or R.F.D. No. Goose Creek Reservoir site
(d) Name of Hospital or Maternity Home: 2 Room home on Goose Creek Reservoir site
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 10 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Cassia
(c) City Acton on Goose Creek Ida
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 53 yrs.

3. RESIDENCE OF FATHER (city, state) Same as Above

4. FULL NAME OF CHILD Lilly Welch

5. Date of Birth of Child (Month, day, year) Jan. 29 1898

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Joseph Welch
11. Color or Race White
12. Age at time of THIS birth 42 yrs.
13. Birthplace Fyre (City or town) England (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Phoebe Jane Cole
17. Color or Race White
18. Age at time of THIS birth 34 yrs.
19. Birthplace Round Valley (City or town) Utah U.S.A. (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Not known

23. Number of children of this mother: (a) At time of birth and including this child 9 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife Address ____ Date ____

State of Oregon
County of Umatilla } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 80 years of age, that I have known this person for 46 years, and that Mrs (First name) Clark (Last name), who attended this birth Is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Phoebe Jane Scott Signature

235 Warm Springs Ave. Boise Idaho P. O. Address

Subscribed and sworn to before me this 25 day of August, 19 42

(SEAL) Geo Mason NOTARY PUBLIC FOR OREGON Notary Public residing at Pendleton My Commission Expires JANUARY Jan 15. 1946

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated)

Received for filing on Sept. 12, 1942 by Mary E Colyer, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

SEP 1 2 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

155-216-022-916 355586

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 355586

Local Reg. No.

Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Fremont (b) City Egin

(c) Street Address or R.F.D. No.

(d) Name of Hospital or Maternity Home:

(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Fremont

(c) City Egin

(d) Street Address or R.F.D. No.

(e) How long has **MOTHER** lived in Idaho? yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Lucy Elizabeth Jenkins

5. Date of Birth of Child (Month, day, year) Feb. 16, 1896

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate yes

FATHER OF CHILD

10. FULL NAME James Jenkins

11. Color or Race white

12. Age at time of THIS birth 36 yrs.

13. Birthplace Neath (City or town) South Wales (State or foreign country)

14. Exact Occupation Laborer

15. Industry or Business Stationary Engineer

MOTHER OF CHILD

16. FULL MAIDEN NAME Sarah Ann Rawson

17. Color or Race white

18. Age at time of THIS birth 27 yrs.

19. Birthplace England (City or town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Montana
County of Beaverhead } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 73 years of age, that I have known this person for all her life and that midwife (First name) (Last name), who attended this birth now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

x Sarah ann Jenkins Signature

P. O. Address

Subscribed and sworn to before me this 8th day of September, 1942.

(SEAL)

Notary Public, residing at Lima Mont

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on SEP 17 1942 by Mary E Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

SEP 18 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

165-106-206-815

United States Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

SEP 8 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 355627
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County BINGHAM (b) City BLACKFOOT
(c) Street Address or R.F.D. No. GENERAL DELIVERY
(d) Name of Hospital or Maternity Home:
AT HOME NO STREET NUMBER
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county 10 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State IDAHO (b) County BINGHAM
(c) City BLACKFOOT
(d) Street Address or R.F.D. No. NO ST. NO. SUBURBAN.
(e) How long has **MOTHER** lived in Idaho? 10 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD ELMER CARLISLE JONES

5. Date of Birth of Child (Month, day, year) APRIL 6, 1896

6. Sex MALE

7. Twin or Triplet

If so—born 1st, 2nd, 3rd 3RD Child

8. No. months of Pregnacy 9 MO

9. Legitimate? YES.

FATHER OF CHILD

10. **FULL NAME** MARK DEMONIE JONES
11. Color or Race WHITE
12. Age at time of THIS birth 39 yrs.
13. Birthplace FOND DU LAC (City or town) CO. WISCONSIN. (State or foreign country)
14. Exact Occupation LABORER
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** SADIE MAY HANSEN
17. Color or Race WHITE
18. Age at time of THIS birth 24 yrs.
19. Birthplace ASA (City or town) DENMARK (State or foreign country)
20. Exact Occupation HOUSEWIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

State of CALIFORNIA } ss.
County of FRESNO }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the MOTHER (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 70 years of age, that I have known this person for 46 years, and that LIMNIE (First name) BLAYLOCK (Last name), who attended this birth CANNOT BE LOCATED (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Sadie May Jones Signature

814 NORTH FIRST ST, FRESNO, CALIF. P. O. Address

Subscribed and sworn to before me this 31 day of August, 1942

(SEAL) E. Cooper Notary Public, residing at Fresno, California

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) My commission expires: March 1, 1945.

Received for filing on SEP 8 1942 by Mina Fuller, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

SEP 9 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

242-118-011-789

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of Boundary

City of Bonners Ferry, Ida.

No. ____ St. ____

(If born in hospital or institution give name.) ____

SEP 8 1942

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 355666

Registration District No. ____ State File No. ____

Prim. Registration District No. ____ Local Registrar's No. ____

2. FULL NAME OF CHILD Forest Wallace Bush.

3. Sex: Male

If plural births: 4. Twin, triplet, or other ____ 5. Number, in order of birth 14

6. Premature ____ Full term ____

7. Legitimate? yes

8. Date of birth June 15, 1896 (Month, Day, Year)

FATHER

9. Full name: William Wallace Bush

10. Residence (usual place of abode) (If non-resident, give place and State): deceased

11. Color or race: white 12. Age at last birthday: 83 (years)

13. Birthplace (city or place) (State or Country): Vermont

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Flour Miller

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.: Flour Mill

16. Date (month and year) last engaged in this work: March 1890, 19____

17. Total time (years) spent in this work: 25

MOTHER

18. Full maiden name: Lydia Jane Phipney

19. Residence (usual place of abode) (If non-resident, give place and State): deceased

20. Color or race: white 21. Age at last birthday: 66 (years)

22. Birthplace (city or place) (State or Country): Hillsdale, Michigan

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: Housewife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.: Home

25. Date (month and year) last engaged in this work: ____, 19____

26. Total time (years) spent in this work: 46

27. What prophylactic was used to prevent Ophthalmia Neonatorum? ____

28. Number of children of this mother (At time of this birth and including this child): 14
(a) Born alive and now living 7 (b) Born alive but now dead 7 (c) Stillborn ____

29. If stillborn, period of gestation ____ months or weeks

30. Cause of stillbirth ____ Before labor ____ During labor ____

CERTIFICATE [illegible] OF BROTHER

I hereby certify that I attended the birth of this child, who was ____ at ____ m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) Frank M. Bush, ~~M. D.~~

or BROTHER, ~~Midwife~~

Address ____

Give name added from a supplemental report ____

(Date of) Filed SEP 8 1942, 193____ Mark H. Eaton
Registrar.

Registrar.

DELAYED

242-118-011-789

SEP 8 1942

STATE OF IDAHO
BARZILLA W. CLARK, GOVERNOR

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

AFFIDAVIT

(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

State of Washington
County of King } ss.

Frank H. Bush being first duly sworn says that

he is the Brother of Forest Wallace Bush
(Relationship of child)*

born June 18, 1896 at Bonners Ferry, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that he desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said Forest Wallace Bush hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Mrs. Thomas Desmond M.D. was the Midwife medical attendant at the birth of said Forest Wallace Bush and that the said medical attendant is Cannot be located
(Now deceased (or) cannot be located)

Name of Affiant Frank H. Bush

P. O. Address 921 Pine St. - Seattle, Wash

Subscribed and sworn to before me this 1 day of SEPTEMBER, 1942

Frank Boynton
Notary Public.

Residing at Seattle, Wash., ~~Idaho.~~

*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

SEP 17 1942

263-118-225-713

United States Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

SEP 10 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 355772
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Idaho (b) City White Bird.
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mother's stay **BEFORE** delivery: IN THIS county 12 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Idaho
   (c) City White Bird
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 19 yrs.

3. **RESIDENCE OF FATHER** (city, state) Dead

4. **FULL NAME OF CHILD** Francis Milton Sotin

5. Date of Birth of Child (Month, day, year) 12/18/1896

6. Sex M

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Marieyves Sotin
11. Color or Race White
12. Age at time of THIS birth 52 yrs.
13. Birthplace Paris (City or town) France (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Isorah Indiana Galloway
17. Color or Race White
18. Age at time of THIS birth 36 yrs.
19. Birthplace Conway Co. (City or town) Arkansas (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Idaho } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Uncle (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 76 years of age, that I have known this person for 46 years, and that Kitty (First name) Holbrook (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

T B Galloway. Signature

White Bird, Idaho P. O. Address

Subscribed and sworn to before me this 8th. day of September 1942

(SEAL) Maude C. Shumard Notary Public, residing at White Bird Ida.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

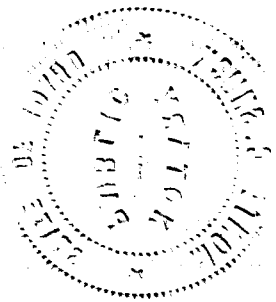
Received for filing on SEP 10 1942 by Maud Fiedler, Registrar.

SEP 1 1 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



217 216022-453

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 355808
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Fremont (b) City Garfield
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 2 years 7 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City Garfield
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 2½ yrs.

3. RESIDENCE OF FATHER (city, state) Same

4. FULL NAME OF CHILD NORMA MARY SAXTON

5. Date of Birth of Child (Month, day, year) Nov. 16, 1896

6. Sex Female **7.** Twin or Triplet Twin If so—born 1st, 2nd, 3rd 1st

8. No. months of Pregnancy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME SIMON SAXTON
11. Color or Race White **12.** Age at time of THIS birth 44 yrs.
13. Birthplace Belton Lincolnshire England (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farmer

MOTHER OF CHILD

16. FULL MAIDEN NAME SARAH K. MELLUISH
17. Color or Race White **18.** Age at time of THIS birth 34 yrs.
19. Birthplace LONDON SURRY ENGLAND (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum not known

23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

State of Idaho
County of Bannock } ss.

I, the undersigned, being first duly sworn, say that I am the Sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 55 years of age, that I have known this person for 45 years, and that Mrs. Methias (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ululcie Saxton Wright Signature

My Commission expires May 10, 1944 42 So. 6th St. Pocatello Idaho P. O. Address

Subscribed and sworn to before me this 9th day of Sept., 1942

(SEAL) [illegible] Notary Public, residing at Pocatello Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on SEP 10 1942 by Mary [illegible], Registrar.

SEP 12 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

962-101029-345

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United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

SEP 10 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Latah (b) City Moscow
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Latah
   (c) City Moscow
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 17 yrs.

3. **RESIDENCE OF FATHER** (city, state) Moscow Idaho

4. **FULL NAME OF CHILD** Patrick Henry Robinson

5. Date of Birth of Child (Month, day, year) June 1, 1896

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9 mo

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Anson Robinson
11. Color or Race white
12. Age at time of THIS birth 26 yrs.
13. Birthplace Olathe (City or town) Kansas (State or foreign country)
14. Exact Occupation Electrician (at time of birth of child—now retired)
15. Industry or Business Operating an electric plant

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Margaret Ann Cunningham
17. Color or Race White
18. Age at time of THIS birth 25 yrs.
19. Birthplace Bay View Brunswick (City or town) Canada (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living Yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Calif. } ss.
County of Los Angeles }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 71 years of age, that I have known this person for 71 years, and that Rev. (First name) Shipman (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located), I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

X Anson Robinson Signature

1225 So 5th St Alhambra Calif. P. O. Address

Subscribed and sworn to before me this 1st day of Sept, 1942

(SEAL) Mabel E. Edelen Notary Public, residing at Los Angeles, Calif

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

My Commission Expires April 22, 1944

Received for filing on SEP 10 1942 by Mabel E. Edelen, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

SEP 1 4 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of ~~Chapter 101, 1911 Session Laws, has not been recorded, or in case of~~ failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

866-127029-287

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

SEP 11 1942

State File No. 355863
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Latah (b) City
(c) Street Address or R F D No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home.....days.
In **THIS** county.....years.....months.....days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Latah
(c) City Palouse Wash.
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 13 yrs.
(f) Mother's mailing address Palouse Wn.

3. **RESIDENCE OF FATHER** (city, state) Palouse Wn.

4. **FULL NAME OF CHILD** Ralph Allison Howell

5. Date of Birth (Month, day, year) Feb 27-1896

6. Sex. Male

7. Twin or Triplet no

If so—born 1st, 2nd, 3rd —

8. No. months of Pregnancy

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Albert Howell

11. Color or Race White

12. Age at time of THIS birth 34 yrs.

13. Birthplace Martinsville Indiana
(City or town) (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Louise Shawai

17. Color or Race White

18. Age at time of THIS birth 30 years

19. Birthplace Topeka Kansas
(City or town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 10 (b) Born alive and now living
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was (born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

26. (a) SEP 11 1942 (Date received) (b) Mabel Heiden (Registrar's signature)

27. Given name added on by (Registrar's signature)

25. Attendant's **OWN signature** M.D. or (D.O., Midwife, etc.)
and address Date

State of Idaho } ss.
County of Latah }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I Bertha S. Northrup, being first duly sworn, say that I am related to (Related to (or) acquainted with) Ralph Allison Howell (Name of person on certificate above) as sister (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Lucinda Day - midwife (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Bertha S. Northrup Name

Viola Idaho P. O. Address

Subscribed and sworn to before me on this 11th day of April, 1947

(SEAL) J. F. Hayden Notary Public, residing at Moscow Idaho

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin. No Check

SEP 16 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

SEP 12 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Washington (b) City Cambridge
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: 0
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county 18 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Washington
   (c) City Cambridge
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 18 yrs.

3. **RESIDENCE OF FATHER** (city, state) Cambridge, Ida.

4. **FULL NAME OF CHILD** SARAH LOUTICIA ALLISON

5. Date of Birth of Child (Month, day, year) Feb. 12, 1896

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Alexander Allison
11. Color or Race White
12. Age at time of THIS birth 21 yrs.
13. Birthplace Salubria, (City or town) Idaho (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Martha Ellen Abernathy
17. Color or Race White
18. Age at time of THIS birth 18 yrs.
19. Birthplace Salubria, (City or town) Idaho (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Washington } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 64 years of age, that I have known this person for 46 years, and that Dr. Brown (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Martha Ellen Allison Signature

Cambridge, Idaho P. O. Address

Subscribed and sworn to before me this 26th day of August, 19 42

(SEAL) Margaret Vogel Notary Public, residing at Cambridge, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on SEP 12 1942 by Idaho Teeter, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

SEP 16 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

693-130036-693

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

SEP 21 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 357188
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County ONEIDA (b) City SAMARIA
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: HOME
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State IDAHO (b) County ONEIDA
(c) City SAMARIA
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 29 yrs.

3. RESIDENCE OF FATHER (city, state) SAMARIA, IDAHO

4. FULL NAME OF CHILD HENRY WILLIAMS

5. Date of Birth of Child (Month, day, year) Oct. 30, 1896

6. Sex MALE

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? YES

FATHER OF CHILD

10. FULL NAME JEREMIAH HODGE WILLIAMS

11. Color or Race WHITE

12. Age at time of THIS birth 42 yrs.

13. Birthplace (City or town) SOUTH WALES (State or foreign country)

14. Exact Occupation FARMER

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME RUTH WILLIAMS

17. Color or Race WHITE

18. Age at time of THIS birth 39 yrs.

19. Birthplace (City or town) SOUTH WALES (State or foreign country)

20. Exact Occupation HOUSE WIFE

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 11 (b) Born alive and now living 9

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of IDAHO
County of ONEIDA } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the BROTHER (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 49 years of age, that I have known this person for 46 years, and that MARIA (First name) MORSE (Last name), who attended this birth (Is now deceased) or ~~(Cannot be located)~~. I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Jas H Williams Signature

SAMARIA, IDAHO P. O. Address

Subscribed and sworn to before me this 19 day of SEPTEMBER, 1942

(SEAL) John H. McAllister by D.O. Jones Notary Public, residing at MALAD, IDAHO

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on SEP 21 1942 by [illegible], Registrar.

SEP 24 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

133-119014-367

357284

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child) SEP 23 1942

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Canyon (b) City Caldwell
   (c) Street Address or R.F.D. No. 1
   (d) Name of Hospital or Maternity Home: grandparents' home
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county 18 years months 10 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Canyon
   (c) City Caldwell
   (d) Street Address or R.F.D. No. 1
   (e) How long has **MOTHER** lived in Idaho? 18 yrs.

3. **RESIDENCE OF FATHER** (city, state) Caldwell, Ida

4. **FULL NAME OF CHILD** OTIS RILEY ALLEN

5. Date of Birth of Child (Month, day, year) July 19, 1896

6. Sex male

7. Twin or Triplet no If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Charles Marlowe Allen
11. Color or Race white
12. Age at time of THIS birth 24 yrs.
13. Birthplace Viroke, (City or town) Wisconsin (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Anna May Cox
17. Color or Race white
18. Age at time of THIS birth 18 yrs.
19. Birthplace Caldwell, Idaho (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child one (b) Born alive and now living ten

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Canyon } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 64 years of age, that I have known this person for 46 years, and that Ellen (First name) Cook (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Anna May Allen Signature

P.O.Box 744, Caldwell, Idaho P. O. Address

Subscribed and sworn to before me this 22nd day of September, 19 42

(SEAL) Robert Crozell Notary Public, residing at Caldwell, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on SEP 23 1942 by Mabel Weber, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

SEP 2 8 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

235-211028-557

357394

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

SEP 26 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 357394
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Kootenai (b) City Coeurd'Alene
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 1 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State (b) County
(c) City
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Pauline Alta Blenz

5. Date of Birth of Child (Month, day, year) Sept. 11, 1896

6. Sex Female

7. Twin or Triplet no — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME John Blenz
11. Color or Race white
12. Age at time of THIS birth 27 yrs.
13. Birthplace St. Louis, Missouri (City or town) (State or foreign country)
14. Exact Occupation Butcher
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Laura Ella Angle
17. Color or Race White
18. Age at time of THIS birth 24 yrs.
19. Birthplace Montrose (City or town) Missouri (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Washington
County of Stevens. } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 70 years of age, that I have known this person for 46 years, and that Dr. Starr (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Louella Blenz Signature

Kettle Falls, Washington P. O. Address

Subscribed and sworn to before me this 23rd day of September, 19 42.

(SEAL) Delbert R. Swem Notary Public, residing at Colville, Washington

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on SEP 26 1942 by Mabel K. Eddleman, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

SEP 2 9 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

595-703 030 691

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

SEP 28 1942

State File No. 357416
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County LEMHI (b) City CARMEN
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 12 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State IDAHO (b) County LEMHI
(c) City CARMEN
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 12 yrs.

3. RESIDENCE OF FATHER (city, state) Same

4. FULL NAME OF CHILD ARTHUR EARNEST NIEMANN

5. Date of Birth of Child (Month, day, year) DECEMBER 3, 1896

6. Sex male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME WILLIAM FREDERICK NIEMANN
11. Color or Race WHITE
12. Age at time of THIS birth 51 yrs.
13. Birthplace (City or town) GERMANY (State or foreign country)
14. Exact Occupation RANCHING
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME ELLA C. FRARY
17. Color or Race WHITE
18. Age at time of THIS birth 23 yrs.
19. Birthplace (City or town) IOWA (State or foreign country)
20. Exact Occupation HOUSEWIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum 0

23. Number of children of this mother: (a) At time of birth ~~and~~ including this child 4 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of IDAHO
County of LEMHI } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the MOTHER (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 72 years of age, that I have known this person for 45 years, and that DR. KINNEY (First name) (Last name), who attended this birth IS NOW DECEASED (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ella C. Frary-Niemann Signature

SALMON, IDAHO P. O. Address

Subscribed and sworn to before me this 24th day of SEPTEMBER, 1942

(SEAL) Marian C. McBride Notary Public, residing at SALMON, IDAHO

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on SEP 28 1942 by , Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 26 1967

SEP 29 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

546-21 7001-243 SEP 30 1942 357430 357430

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Ada (b) City Boise
(c) Street Address or R.F.D. No. East of Boise
(d) Name of Hospital or Maternity Home At Home
(e) Mother's stay BEFORE delivery: IN THIS county ____ years ____ months ____ days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Boise
(d) Street Address or R.F.D. No. —
(e) How long has MOTHER lived in Idaho? 20 yrs.

3. RESIDENCE OF FATHER (city, state) Same

4. FULL NAME OF CHILD Florence Mable Edwards

5. Date of Birth of Child (Month, day, year) Oct. 17, 1896

6. Sex

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Jesse Grove Edwards

11. Color or Race White

12. Age at time of THIS birth 22 yrs.

13. Birthplace — (City or town) Iowa (State or foreign country)

14. Exact Occupation Mining

15. Industry or Business —

MOTHER OF CHILD

16. FULL MAIDEN NAME Sarah Frances Buckley

17. Color or Race White

18. Age at time of THIS birth 20 yrs.

19. Birthplace Boise (City or town) Idaho (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business —

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date ____ and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's OWN signature ____ M.D. Midwife ____ Address ____ Date ____

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

State of Idaho } ss.
County of Ada }

I, the undersigned, being first duly sworn, say that I am the Aunt (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 66 years of age, that I have known this person for 45 years, and that Dr. Geo. Callister (First name) (Last name), who attended this birth, is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Thankful Buckley Skinner Signature

P. O. Address

Subscribed and sworn to before me this 30th day of September, 1942

(SEAL) Marian E. Orr Notary Public, residing at Boise, Idaho.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on SEP 30 1942 by Maud F. Eden, Registrar.

SEP 30 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

775-207037 386

357453

357453

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Owyhee (b) City Silver City
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Owyhee
(c) City Silver City
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 4 yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** GLADYS IDA GRETE

5. Date of Birth of Child (Month, day, year) April 7, 1896

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 mos

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** CHARLES HENRY GRETE
11. Color or Race White
12. Age at time of THIS birth 30 yrs.
13. Birthplace Silver City, Idaho (City or town) (State or foreign country)
14. Exact Occupation Merchant
15. Industry or Business Merchant

MOTHER OF CHILD

16. **FULL MAIDEN NAME** HELEN MAY THOMPSON
17. Color or Race White
18. Age at time of THIS birth 21 yrs.
19. Birthplace Linnwood, Washington County (City or town) (State [redacted] Nebraska
20. Exact Occupation Housewife
21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Canyon } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Aunt (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 73 years of age, that I have known this person for 46 years, and that Dr. John Weston (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ida E Moe. Signature

1109 Main, Caldwell, Idaho P. O. Address

Subscribed and sworn to before me this 7th day of October, 19 42

(SEAL) Hugh N. Caldwell Notary Public, residing at Caldwell, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on OCT 7 1942 by Mary F Elder, Registrar.

OCT 8 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

231406035-7A

357527

United States Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

SEP 29 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Nez Perce (b) City Leland
(c) Street Address or R.F.D No. Gen Del
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home.....days.
In **THIS** county.....years.....months.....days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Nez Perce
(c) City Leland
(d) Street Address or R.F.D. No. Gen Del
(e) How long has **MOTHER** lived in Idaho?.....yrs.
(f) Mother's mailing address.....
3. **RESIDENCE OF FATHER** (city, state).....

4. **FULL NAME OF CHILD** Ernest Wayfare Blackinton
5. Date of Birth (Month, day, year) 10-6-1896
6. Sex. Male
7. Twin or Triplet
If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy
9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Geo Blackinton
11. Color or Race American
12. Age at time of THIS birth.....yrs.
13. Birthplace Rockford (City or town) Illinois (State or foreign country)
14. Exact Occupation Carpenter
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Harriett Parker
17. Color or Race American
18. Age at time of THIS birth.....years
19. Birthplace Topeka (City or town) Kansas (State or foreign country)
20. Exact Occupation [redacted]
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum .....
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 1
(c) Born alive and now dead 2 (d) Stillborn.....

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....(born alive, stillborn) at.....M. on the date and at the place stated above, and that personal particulars were furnished by.....(First name) (Last name), who is related to this child as:.....(Mother, etc.)

26. (a).....(Date received) (b) [redacted] (Registrar's signature)

27. Given name added on.....by.....(Registrar's signature)

25. Attendant's **OWN signature**.....M.D. or.....(D.O., Midwife, etc.)
and address Date

State of Oregon }
County of Multnomah } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Clearwood Leeclair Parker being first duly sworn, say that I am Uncle to (Related to (or) acquainted with) Ernest Wayfare Blackinton (Name of person on certificate above) as being brother to his mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that I was present (Name of attendant at birth) who [redacted] said birth on 10-6-1896, his both parents dead (Is now deceased (or) cannot be located), and that this birth has not been previously recorded.

Clearwood Leeclair Parker

5330 NE 27th Avenue, Portland, Oregon. P. O. Address

Subscribed and sworn to before me on this 24th day of September AD 1942

(SEAL) Commission expires 10-17-1943 Notary Public residing at Portland, Oregon.
2624 NE [redacted] Street

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge of the premises.

653-118-016-293

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

SEP 24 1942

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 357557

Local Reg. No.

Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Cassia (b) City Albion

(c) Street Address or R.F.D. No. R. F. D.

(d) Name of Hospital or Maternity Home: at home

(e) Mother's stay **BEFORE** delivery: IN **THIS** county 10 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Cassia

(c) City Albion

(d) Street Address or R.F.D. No. R. F. D.

(e) How long has **MOTHER** lived in Idaho? 10 yrs.

3. RESIDENCE OF FATHER (city, state) Albion, Ida.

4. FULL NAME OF CHILD FLOYD LESTER WETHERMAN

5. Date of Birth of Child (Month, day, year) Dec. 18, 1896

6. Sex Male

7. Twin or Triplet no

If so—born 1st, 2nd, 3rd --

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Julius James Wetherman

11. Color or Race White American

12. Age at time of THIS birth 28 yrs.

13. Birthplace Lawrence, Kansas (City or town) (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business Farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Bessie V. Billings

17. Color or Race White American

18. Age at time of THIS birth 24 yrs.

19. Birthplace La Plata, Missouri (City or town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business Housekeeping

22. Name prophylactic used to prevent Ophthalmia Neonatorum None to my knowledge

23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Bannock } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 70 years of age, that I have known this person for 46 years, and that Dr. Storey (First name) (Last name), who attended this birth Cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Bessie V. Weatherman Signature

199 23rd N. Salem, Oregon. P. O. Address

Subscribed and sworn to before me this 23rd day of September, 19 42

(SEAL) Grace Bustline Notary Public, residing at Pocatello, Ida.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914 Idaho Code Annotated.)

Received for filing on SEP 24 1942 by Mary E. Eden, Registrar.

OCT 2 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

993 231036-315

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

OCT 1 1942

State File No. 357595
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Oneida (b) City Neeleyville
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: born at home, not at hospital
(e) Mother's stay **BEFORE** delivery: IN **THIS** county since 1938 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Oneida
(c) City Neeleyville
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Elizabeth Richardson

5. Date of Birth of Child (Month, day, year) July 31, 1896

6. Sex female **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnancy 9 **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME Thomas Richardson
11. Color or Race white **12.** Age at time of THIS birth 30 yrs.
13. Birthplace Slatersville (City or town) Utah (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business own farm

MOTHER OF CHILD

16. FULL MAIDEN NAME Ellen Lance
17. Color or Race white **18.** Age at time of THIS birth 22 yrs.
19. Birthplace Lehi (City or town) Utah (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business own home

22. Name prophylactic used to prevent Ophthalmia Neonatorum do not know

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as midwife deceased (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of n California
County of Los Angeles } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 68 years of age, that I have known this person for all her life years, and that Cynthia Walker, midwife (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ellen Richardson Lantry Signature

920 W. 81st St, Los Angeles, Cal. P. O. Address

Subscribed and sworn to before me this 14th day of September, 19 42

(SEAL) My commission expires May 19, 1943 Bernice C. Caughey Notary Public, residing at Los Angeles, Cal.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on OCT 1 1942 by [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

OCT 2 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

962-226029 154

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

OCT 2 1942

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 357612

Local Reg. No.

Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County LATAH (b) City MOSCOW
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county 6 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State IDAHO (b) County LATAH
   (c) City NEAR MOSCOW
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 10 yrs.

3. **RESIDENCE OF FATHER** (city, state) AS ABOVE

4. **FULL NAME OF CHILD** MARUSA AGNES ROBERTS

5. Date of Birth of Child (Month, day, year) AUG-26-1896

6. Sex FEMALE

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy NINE

9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** LEWIS CASS ROBERTS
11. Color or Race White
12. Age at time of THIS birth 33 yrs.
13. Birthplace QUINCY (City or town) ILLINOIS (State or foreign country)
14. Exact Occupation LUMBERING
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** BELLE, VICTORIA ANDERSON
17. Color or Race WHITE
18. Age at time of THIS birth 23 yrs.
19. Birthplace BURKVILLE (City or town) KENTUCKY (State or foreign country)
20. Exact Occupation HOUSE WIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, ~~stillborn~~) at 12 20 P.M. on the date and at the place stated above, and that personal particulars were furnished by BELLE (First name) Roberts (Last name), who is related to this child as Mother. (Mother, etc.)

25. Attendant's **OWN** signature Dr J. F. VanDyne M.D. Address KAMIAH Date SEPT 10th, 1942

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

State of
County of } ss.

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-9[illegible] Idaho Code Annotated.)

Received for filing on OCT 2 1942 by Mary E. Miller, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

OCT 5 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

863-119-014-455

357822

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

OCT 7 - 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Canyon (b) City Caldwell
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: — —
(e) Mother's stay **BEFORE** delivery: IN THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Canyon
(c) City Caldwell
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 4 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Lyman Budd Hollrich

5. Date of Birth of Child (Month, day, year) Feb. 19, 1896

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME John Hollrich

11. Color or Race white

12. Age at time of THIS birth 33 yrs.

13. Birthplace Oberweisenbach, Bavaria, Germany (City or town) (State or foreign country)

14. Exact Occupation Harness Maker

15. Industry or Business Harness Maker

MOTHER OF CHILD

16. FULL MAIDEN NAME Emma Jane Dennerline

17. Color or Race white

18. Age at time of THIS birth 30 yrs.

19. Birthplace Atlanta, Illinois (City or town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at 4 M. on the date and at the place stated above, and that personal particulars were furnished by Emma Jane (First name) Hollrich (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho } ss.
County of Canyon }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 76 years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Emma J. Hollrich Signature

P. O. Address

Subscribed and sworn to before me this 4th day of September, 1942

(SEAL)

Katherine D. Hartsook Notary Public, residing at Caldwell, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

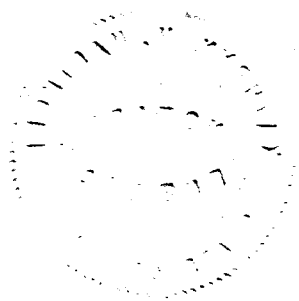
Received for filing on OCT 7 — 1942 by Mark Keller, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



841-183-040-841

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

OCT 8 - 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 357841
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Shoshone (b) City Wardner
(c) Street Address or R.F.D. No. Main Street
(d) Name of Hospital or Maternity Home: Wardner Own Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Shoshone
(c) City Wardner
(d) Street Address or R.F.D. No. Main Street
(e) How long has **MOTHER** lived in Idaho? one yrs.

3. RESIDENCE OF FATHER (city, state) Wardner, Ida

4. FULL NAME OF CHILD Ward Oscar Quarles

5. Date of Birth of Child (Month, day, year) Feb. 23, 1896

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** Isaac Leonidas Quarles
11. Color or Race White
12. Age at time of THIS birth 22 yrs.
13. Birthplace Joplin (City or town) Missouri (State or foreign country)
14. Exact Occupation Butcher
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Minnie Verian Quarles
17. Color or Race White
18. Age at time of THIS birth 23 yrs.
19. Birthplace Sio Jackson County, Oregon (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Shoshone } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 69 years of age, that I have known this person for 46 years, and that Elizabeth Haywood (First name) (Last name), who attended this birth now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Minnie Quarles Signature

626 McKinley Avenue, Kellogg, Idaho P. O. Address

Subscribed and sworn to before me this 5th day of October, 19 42

(SEAL) Phyllis M. Tenney Notary Public, residing at Kellogg Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated)

Received for filing on OCT 8 - 1942 by [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

OCT 9 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

396-205-016-513

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 357849
Local Reg. No.
Reg. Dist. No.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Cassia (b) City Almo
   (c) Street Address or R.F.D. No. None
   (d) Name of Hospital or Maternity Home: Born at home
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county 4 years 3 months 0 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Cassia
   (c) City Almo
   (d) Street Address or R.F.D. No. None
   (e) How long has **MOTHER** lived in Idaho? 4 1/4 yrs.

3. **RESIDENCE OF FATHER** (city, state) Almo, Idaho

4. **FULL NAME OF CHILD** Nelly Bee Thornton

5. Date of Birth of Child (Month, day, year) Sept 5-1896

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy Nine

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Harry Hubert Thornton
11. Color or Race White
12. Age at time of THIS birth 27 yrs.
13. Birthplace Clinton (City or town) Iowa (State or foreign country)
14. Exact Occupation School Teacher
15. Industry or Business Educational

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Lavella Bee Vallette
17. Color or Race White
18. Age at time of THIS birth 32 yrs.
19. Birthplace Circleville (City or town) Ohio (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business House wife

22. Name prophylactic used to prevent Ophthalmia Neonatorum Usual

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date ____ and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

State of California } ss.
County of Los Angeles }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 73 years of age, that I have known this person for 46 years, and that R. J. (First name) Story (Last name) M.D., who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Harry H Thornton Signature

No. Hollywood Calif. P. O. Address

Subscribed and sworn to before me this 3rd day of October, 1942

(SEAL) Lucille Paul Notary Public, residing at San Gabriel

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on OCT 8 1942 by M. H. Myers, Registrar.

OCT 9 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

165-22-006-695

357888

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

OCT 9 - 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bingham (b) City Basalt.
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bingham
(c) City Basalt.
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? yrs.

3. RESIDENCE OF FATHER (city, state) Basalt, Idaho

4. FULL NAME OF CHILD Clara Elizabeth Jones.

5. Date of Birth of Child (Month, day, year) 22 Dec 1896

6. Sex F.

7. Twin or Triplet —

If so—born 1st, 2nd, 3rd 6th

8. No. months of Pregnacy Reg. **9.** Legitimate? Yes.

FATHER OF CHILD

10. FULL NAME Reese D. Jones.
11. Color or Race Wh.
12. Age at time of THIS birth 29 yrs.
13. Birthplace Treorgy Wales. (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Clara Jane Wonka
17. Color or Race Wh.
18. Age at time of THIS birth 26 yrs.
19. Birthplace Baltimore Md. (City or town) (State or foreign country)
20. Exact Occupation Housekeeper
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

Mrs. Inglestrom - now dead

State of Idaho } ss.
County of Cassia }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the aunt (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 65 years of age, that I have known this person for 4 years, and that Mrs. Inglestrom (First name) (Last name), who attended this birth is now dead (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Lala Crafts Signature

P.O.W. Rogers Burley, Idaho P. O. Address

Subscribed and sworn to before me this 7 day of October, 1942

(SEAL) Orland E. Bateman Notary Public, residing at Burley, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914 Idaho Code Annotated)

Received for filing on OCT 9 - 1942 by Mabel F. Eckles, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

OCT 1 2 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth ~~which has occurred subsequent to such~~ date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

819-209-04-168

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 357896

Local Reg. No.

Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County [illegible] (b) City Weiser

(c) Street Address or R.F.D. No. R 7 d

(d) Name of Hospital or Maternity Home:

(e) Mother's stay **BEFORE** delivery: IN **THIS** county 2 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County [redacted] Washington

(c) City Weiser

(d) Street Address or R.F.D. No. R 7 W 8

(e) How long has **MOTHER** lived in Idaho? 2 yrs.

3. RESIDENCE OF FATHER (city, state) Weiser, Ida

4. FULL NAME OF CHILD Mary Lothing Hardie

5. Date of Birth of Child (Month, day, year) 11 - 9 - 1896

6. Sex female

7. Twin or Triplet

If so—born X 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Walter Hardie

11. Color or Race White

12. Age at time of THIS birth 22 yrs.

13. Birthplace Edinburg (City or town) Scotland (State or foreign country)

14. Exact Occupation Stockman

15. Industry or Business Sheepman

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Elizibeth Johnstone

17. Color or Race White

18. Age at time of THIS birth 19 yrs.

19. Birthplace Glasgow (City or town) Scotland (State or foreign country)

20. Exact Occupation housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature Deceased M.D. Midwife Address Date

State of Colorado)
County of Kit Carson) ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 65 years of age, that I have known this person for years, and that) have forgotten name (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Elizabeth [illegible] Deeds Signature

My Commission expires May 11, 1946

Burlington, Colorado. P. O. Address

Subscribed and sworn to before me this 6th day of October, 1942

(SEAL) [illegible] Baker — Notary Public, residing at Burlington, Colo

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on OCT 10 1942 by [illegible] Registrar.

OCT 1 2 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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268-126076-551

357907

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

OCT 8 - 1942

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Oneida (b) City Oxford
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Born in family home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State (b) County
(c) City
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Guy Boyce

5. Date of Birth of Child (Month, day, year) March 26 1896

6. Sex Male

7. Twin or Triplet no If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME John Thomas Boyce

11. Color or Race White **12.** Age at time of THIS birth yrs.

13. Birthplace (City or town) U.S.A. (State or foreign country)

14. Exact Occupation Retired

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Katherine Brown

17. Color or Race White **18.** Age at time of THIS birth yrs.

19. Birthplace (City or town) U.S.A. (State or foreign country)

20. Exact Occupation Housekeeper

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living

ATTENDANT'S CERTIFICATE

X I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of California
County of San Joaquin } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 76 years of age, that I have known this person for 46+ years, and that Mrs - Hale (First name) (Last name), who attended this birth Deceased. (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

John T Boyce Signature

1938 S San Joaquin St Stockton Calif P. O. Address

Subscribed and sworn to before me this 3rd day of October 1942

(SEAL) Bruce L Hudson Notary Public, residing at Stockton Calif

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

NOTARY PUBLIC IN AND FOR SAN JOAQUIN COUNTY, STATE OF CALIFORNIA

Received for filing on OCT 8 - 1942 by , Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 2 1950

APR 14 1960

OCT 12 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

c/68-204-028-842

357956

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Kootenay (b) City Coolin
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home OCT 12 1942
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 1 years 6 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Kootenay
(c) City Coolin
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 2 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Marguerite Emma Mohr

5. Date of Birth of Child (Month, day, year) Sept 4th 1896

6. Sex

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME George Mohr

11. Color or Race white

12. Age at time of THIS birth 29 yrs.

13. Birthplace Sleswig (City or town) Germany (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Bertha Huber

17. Color or Race white

18. Age at time of THIS birth 24 yrs.

19. Birthplace Offenburg (City or town) Germany (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of California
County of San Diego } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 70 years of age, that I have known this person for 46 years, and that Mrs. Coolin (First name) (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

(Mrs. Geo. Mohr) Signature
4192 Valley B'lvd Escondido Calif. P. O. Address

Subscribed and sworn to before me this 7th day of October 1942

(SEAL) Notary Public, residing at San Diego, Cal.
My Commission Expires Feb. 25, 1943

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on OCT 12 1942 by Mabel H. Eckerson, Registrar.

OCT 1 3 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

553-120-036-432

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

OCT 12 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 357967
Local Reg. No. 3
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Oneida (b) City Preston
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At Home
(e) Mother's stay **BEFORE** delivery: IN THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Franklin
(c) City Preston
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 60 yrs.

3. RESIDENCE OF FATHER (city, state) Preston, Ida

4. FULL NAME OF CHILD Severin Vern Nelson

5. Date of Birth of Child (Month, day, year) Feb. 20, 1896

6. Sex male

7. Twin or Triplet no If so—born 1st, 2nd, 3rd 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Hans Severin Nelson
11. Color or Race white **12.** Age at time of THIS birth 29 yrs.
13. Birthplace Alborg, Denmark (City or town) (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Mary Eliza McKenzie
17. Color or Race white **18.** Age at time of THIS birth 23 yrs.
19. Birthplace Smithfield, Utah (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 9

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 1 a M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Franklin } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 69 years of age, that I have known this person for 46 years, and that Fanney Swann (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary E. Nelson Signature
Preston, Idaho P. O. Address

Subscribed and sworn to before me this 3 day of October, 1942

(SEAL) Bert E. Johnson Notary Public, residing at Preston.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on OCT 12 1942 by Mary E. Nelson, Registrar.

OCT 13 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

815-109-033-236

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

OCT 12 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 358014
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Madison (b) City Sugar City
   (c) Street Address or R.F.D. No. None
   (d) Name of Hospital or Maternity Home: IN OWN HOME
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county 4 years ✓ months ✓ days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Madison
   (c) City Sugar City
   (d) Street Address or R.F.D. No. ✓
   (e) How long has **MOTHER** lived in Idaho? [illegible] 17 yrs.

3. **RESIDENCE OF FATHER** (city, state) Sugar City, Idaho

4. **FULL NAME OF CHILD** Nephi Henry Hanni

5. Date of Birth of Child (Month, day, year) Nov. 9, 1896

6. Sex Male

7. Twin or Triplet ✓

If so—born 1st, 2nd, 3rd ✓

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** John Hanni
11. Color or Race White
12. Age at time of THIS birth ... yrs.
13. Birthplace Born (City or town) Switzerland (State or foreign country)
14. Exact Occupation Cheese-maker
15. Industry or Business Cheese-maker

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Eliza Stoll
17. Color or Race White
18. Age at time of THIS birth ... yrs.
19. Birthplace Pumlitz (City or town) Switzerland (State or foreign country)
20. Exact Occupation House-wife
21. Industry or Business Home

22. Name prophylactic used to prevent Ophthalmia Neonatorum ✓

23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ... (Born alive, stillborn) at ... M. on the date and at the place stated above, and that personal particulars were furnished by ... (First name) ... (Last name), who is related to this child as ... (Mother, etc.)

25. Attendant's **OWN** signature ... M.D. Midwife Address ... Date

State of Idaho
County of Custer } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ... years of age, that I have known this person for 45 years, and that Mrs. Harris (First name) (Last name), who attended this birth CANNot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

John Hanni Sr. Signature

Gen. Del. Mackay, Idaho P. O. Address

Subscribed and sworn to before me this 9 day of October, 1942

(SEAL)

[illegible] Notary Public, residing at Mackay, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on OCT 12 1942 by [illegible], Registrar.

OCT 14 19

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

359-203-003-359

358025

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

OCT 13 1942

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bannock then (b) City Soda Springs
(c) Street Address or R.F.D. No. gen del
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay **BEFORE** delivery: IN THIS county 2 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City Soda Springs
(d) Street Address or R.F.D. No. Gen. Del.
(e) How long has **MOTHER** lived in Idaho? 2 yrs.

3. RESIDENCE OF FATHER (city, state) Same

4. FULL NAME OF CHILD Tempe Delight Terry

5. Date of Birth of Child (Month, day, year) Feb 3 1896

6. Sex Female **7.** Twin or Triplet **If so—born** 1st, 2nd, 3rd

8. No. months of Pregnancy 9 **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME John Parshal Terry

11. Color or Race White **12.** Age at time of THIS birth 48 yrs.

13. Birthplace Winter Quarter Mo. (City or town) (State or foreign country)

14. Exact Occupation Blacksmith

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Fannie Luretia Terry

17. Color or Race White **18.** Age at time of THIS birth 42 yrs.

19. Birthplace Draper (City or town) Utah (State or foreign country)

20. Exact Occupation House Wife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was X (Born alive, stillborn) at Soda Spgs FEB 3 M. on the date and at the place stated above, and that personal particulars were furnished by ELLEN AGNES WILSON (First name) (Last name), who is related to this child as SISTER (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of ~~IDAHO~~ California
County of ~~BANNOCK~~ Los Angeles

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the SISTER (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 61 years of age, that I have known this person for 46 years, and that ELLEN AGNES WILSON (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ellen A. Wilson Signature

121 W. Clark St Baldwin Park, Calif. P. O. Address

Subscribed and sworn to before me this 9th day of October 19 42.

(SEAL) Mildred L. Steele Notary Public, residing at Baldwin Park, Calif.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on OCT 13 1942 by Mary E. Zeiler, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

NOV 18 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

669-215011-386

358072

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Boundary (b) City Bonners Ferry
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: Residence
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county years 6 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Boundary
   (c) City Bonners Ferry
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? Six mo yrs.

3. **RESIDENCE OF FATHER** (city, state) Bonners Ferry Ida

4. **FULL NAME OF CHILD** Kathryn Lucile Hanson

5. Date of Birth of Child (Month, day, year) Mar. 15 1896

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** John Albert Hanson
11. Color or Race White
12. Age at time of THIS birth 25 yrs.
13. Birthplace Chicago (City or town) Illinois (State or foreign country)
14. Exact Occupation Telegraph Operator
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mabel Maria Thompson
17. Color or Race White
18. Age at time of THIS birth 20 yrs.
19. Birthplace Palmyra (City or town) Wisconsin (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Oregon
County of Multnomah } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 66 years of age, that I have known this person for 46 years, and that Mrs Carson Midwife (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Mabel Maria Carson Signature

4414 - SE Ivon St P. O. Address

Subscribed and sworn to before me this 13th day of Oct 19 46

(SEAL) C L Klein Notary Public, residing at Portland, Ore

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) My Comm. Exp. Dec 4 '48

Received for filing on OCT 15 1946 by Mabel E Colton, Registrar.

OCT 16 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

799-205-029

358098

United States
Department of Commerce
Bureau of the Census

214

(Be sure the information is as of date of birth of THIS child)

OCT 15 1942

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. **PLACE OF BIRTH:**
(a) County LATAH (b) City GENESEE
(c) Street Address or R F D No. 2
(d) Name of Hospital or Maternity Home:
AT HOME
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home.....days.
In **THIS** county 6 0 years.....months.....days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State IDAHO (b) County LATAH
(c) City GENESEE
(d) Street Address or R.F.D. No. 2
(e) How long has **MOTHER** lived in Idaho? 6 0 yrs.
(f) Mother's mailing address GENESEE, IDAHO

3. **RESIDENCE OF FATHER** (city, state) DECEASED

4. **FULL NAME OF CHILD** LOUISE CLARA GRIESER

5. Date of Birth (Month, day, year) Dec 5, 1896

6. Sex. FEMALE

7. ~~Twin or Triplet~~ If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** ADOLPH OTTO GRIESER

11. Color or Race WHITE

12. Age at time of THIS birth 27 yrs.

13. Birthplace St Louis (City or town) Missouri (State or foreign country)

14. Exact Occupation.....

15. Industry or Business.....

MOTHER OF CHILD

16. **FULL MAIDEN NAME** THERESA BAUMGARTNER

17. Color or Race White

18. Age at time of THIS birth 23 years

19. Birthplace New Ulm (City or town) Minnesota (State or foreign country)

20. Exact Occupation Farming

21. Industry or Business "

22. Name prophylactic used to prevent Ophthalmia Neonatorum none

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 2
(c) Born alive and now dead 1 (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....(born alive, stillborn) at.....M. on the date and at the place stated above, and that personal particulars were furnished by.....(First name) (Last name), who is related to this child as.....(Mother, etc.)

26. (a).....(Date received) (b) [signature] (Registrar's signature)

27. Given name added on.....by.....(Registrar's signature)

25. Attendant's **OWN signature**.....M.D. or.....(D.O., Midwife, etc.)
and address Date

State of Washington } ss.
County of Whitman }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I Mrs. Theresa Grieser, being first duly sworn, say that I am related to (Related to (or) acquainted with) Louise Clara Grieser (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. J. Kambitsch (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Louise Grieser Busch Name

Colton Washington P. O. Address

Subscribed and sworn to before me on this 13 day of Oct 1942

(SEAL)

W. D. Suffel Notary Public, residing at Colton Wn.

OCT 15 1942

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

OCT 14 2010

NOV 5

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

79-202-003-113

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

OCT 19 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 359263
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bannock (b) City Downey
(c) Street Address or R.F.D. No. R. F. D. #1
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 23 years 1 months 3 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City R. F. D. Downey,
(d) Street Address or R.F.D. No. R. F. D. #1
(e) How long has **MOTHER** lived in Idaho? 23 yrs.

3. RESIDENCE OF FATHER (city, state) Downey, Idaho

4. FULL NAME OF CHILD RHADA MAY PRATT

5. Date of Birth of Child (Month, day, year) Feb. 2, 1896

6. Sex Female

7. Twin or Triplet No. If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 mo **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME George M. Pratt
11. Color or Race White **12.** Age at time of THIS birth 31 yrs.
13. Birthplace Bannock, (City or town) Montana (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. FULL MAIDEN NAME Elvira Jackson
17. Color or Race White **18.** Age at time of THIS birth 23 yrs.
19. Birthplace Downey, (City or town) Idaho (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Home

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 3rd (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

State of Idaho
County of Bannock } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 77 years of age, that I have known this person for 46 years, and that Mrs. Ellen Barger (First name) (Last name), who attended this birth is now deceased. (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

George M Pratt Signature

My Commission Expires Oct. 1, 1945

Downey, Idaho P. O. Address

Subscribed and sworn to before me this 13th day of October, 1942

(SEAL) Victmore Notary Public, residing at Downey, Ida

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

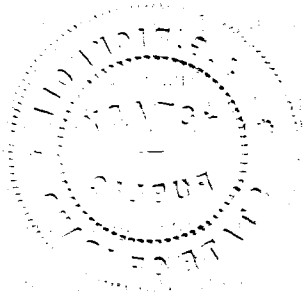
Received for filing on ..... by Mabel N. Eaden, Registrar.

OCT 2 2 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



142-203 004-553

359273

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

OCT 19 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH (All items at time of this birth).
(a) County Bear Lake (b) City Bloomington
(c) Street Address or R.F.D. No. Bear Lake Co.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery IN **THIS** county 24 years 8 months 3 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bear Lake
(c) City Bloomington
(d) Street Address or R.F.D. No. 1
(e) How long has **MOTHER** lived in Idaho? 28 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Rhoda Hazel Austin

5. Date of Birth of Child (Month, day, year) June 3 1896

6. Sex female **7.** Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME Newton Francis Austin
11. Color or Race white **12.** Age at time of THIS birth 29 yrs.
13. Birthplace Paris (City or town) Bear Lake Co Idaho (State or foreign country)
14. Exact Occupation Cattleman
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Annie Martha Nelson
17. Color or Race white **18.** Age at time of THIS birth 24 yrs.
19. Birthplace Bloomington (City or town) Bear Lake Co Idaho (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Unknown

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

State of Canada
County of Province of Alberta } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the uncle (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for 46 years, and that Rhoda Hazel Cahoon (First name) (Last name), who attended this birth Dr Humphreys (Is now deceased) or ~~(Cannot be located)~~. I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

H. H. Cook
Signature

Cardston Alberta Canada
P. O. Address

Subscribed and sworn to before me this 2nd day of October, 1942

(SEAL)

Reuben William Jacobs Notary Public, residing at Cardston Alberta Canada

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on OCT 19 1942 by Mabel Keller, Registrar.

OCT 2 2 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1942-107-005-349

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No. 359371
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Idaho (b) City Grangeville
(c) Street Address or R.F.D. No. Farm
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN THIS county 99 years 7 months 22 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Idaho
(c) City Grangeville
(d) Street Address or R.F.D. No. Farm
(e) How long has **MOTHER** lived in Idaho? 60 yrs.

3. RESIDENCE OF FATHER (city, state) Deceased

4. FULL NAME OF CHILD Charles C. Sylvester Williams

5. Date of Birth of Child (Month, day, year) 6-7-1896

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9mo

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Marion Warden Williams
11. Color or Race white
12. Age at time of THIS birth 41 yrs.
13. Birthplace Little Rock (City or town) Arkansas (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Martha Bell Smith
17. Color or Race White
18. Age at time of THIS birth 38 yrs.
19. Birthplace Salem (City or town) Oreg. (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

State of Washington
County of Spokane } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 48 years of age, that I have known this person for 46 years, and that Doctor Bibby (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Esther E Taylor
Signature

3812 E 8th Ave Spokane Wn
P. O. Address

Subscribed and sworn to before me this 24th day of September, 1942

(SEAL)

Helen Zeiemann
Notary Public, residing at Spokane, Wn

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on OCT 21 1942 by Mabel Hedges, Registrar.

OCT 27 1948

OCT 31 1949

DELAYED REGISTRATION LAW

(~~1937 Session Laws, Chapter~~ 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital ~~Statistics for the purposes and uses prescribed in~~ Chapter 2, Title 39, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

655-108-029-695

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

OCT 23 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 359373
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Latah (b) City Potlatch
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: Home
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Latah
   (c) City Potlatch
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** James Calvin Overcast

5. Date of Birth of Child (Month, day, year) 12-8-1896

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Jesse Perry Overcast
11. Color or Race White
12. Age at time of THIS birth 26 yrs.
13. Birthplace Bentonville (City or town) Arkansas (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Jane Freeze
17. Color or Race White
18. Age at time of THIS birth 21 yrs.
19. Birthplace Dayton (City or town) Washington (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of California
County of Los Angeles } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4 above, that I am now 67 years of age, that I have known this person for 67 years, and that Betty (First name) Fletcher (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located), further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary Jane Overcast Signature

1172 Westgate ave, West Los Angeles Calif P. O. Address

Subscribed and sworn to before me this 20 day of October, 19 42

(SEAL) Charles H. Loomis Notary Public, residing at West Los Angeles Calif.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on OCT 23 1942 by Maud E. Edgar, Registrar.

NOV 1 0 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

557-118-022-389

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

OCT 23 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 359387
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Fremont (b) City Rexburg
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: Born in parents home
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county 13 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Fremont
   (c) City Rexburg
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 51 yrs.

3. **RESIDENCE OF FATHER** (city, state) Long Beach Cal. at present.

4. **FULL NAME OF CHILD** Jesse C. Nelson

5. Date of Birth of Child (Month, day, year) Dec. 18, 1896

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Nels Nelson
11. Color or Race White
12. Age at time of THIS birth 37 yrs.
13. Birthplace Newrop Selan (City or town), Denmark (State or foreign country)
14. Exact Occupation Farmer and Livestock
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Eliza Christensen
17. Color or Race White
18. Age at time of THIS birth 36 yrs.
19. Birthplace Brigham City (City or town), Utah (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. ~~Midwife~~ ~~Address~~ Date

State of Utah
County of Box Elder } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the brother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 57 years of age, that I have known this person ~~six~~ since birth years, and that Mrs. Waltz (First name), midwife, (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

Brigham City, Utah. P. O. Address

Subscribed and sworn to before me this 29th day of Sept., 19 42.

(SEAL)

Notary Public, residing at Brigham City, Utah.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on OCT 23 1942 by Mabel Nelson, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

OCT 2 8 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

395-204-004-142

359609

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bear Lake (b) City Geneva
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 3 years 7 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bear Lake
(c) City Geneva
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 2 yr. 8 mos. yrs.

3. RESIDENCE OF FATHER (city, state) Genva Idaho

4. FULL NAME OF CHILD Cecelia Lorien Linder

5. Date of Birth of Child (Month, day, year) Oct. 4, 1896

6. Sex girl **7.** Twin or Triplet **If so—born** 1st, 2nd, 3rd **8.** No. months of Pregnancy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Fredrick August Linder
11. Color or Race White **12.** Age at time of THIS birth 42 yrs.
13. Birthplace Switzerland (City or town) (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Karoline Aonstuetz
17. Color or Race White **18.** Age at time of THIS birth 38 yrs.
19. Birthplace Switzerland (City or town) (State or foreign country)
20. Exact Occupation Home wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Bear Lake } ss.

AFFIDAVIT to be completed ~~when the attendant does not sign~~ in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 79 years of age, that I have known this person for 46 years, and that midwife (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

Montpelier, Idaho. P. O. Address

Subscribed and sworn to before me this 27 day of October, 1942

(SEAL) Leri Acord Notary Public, residing at Montpelier Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on OCT 29 1942 by Mark Keeler, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

OCT 31 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

264-213-210-547

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 359628
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bonneville (b) City Ammon
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bonneville
(c) City Ammon
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 10 yrs.

3. RESIDENCE OF FATHER (city, state) Ammon, Ida.

4. FULL NAME OF CHILD Sarah Pearl Southwick

5. Date of Birth of Child (Month, day, year) 5-13-1896

6. Sex Female **7.** Twin or Triplet No If so—born 1st, 2nd, 3rd No **8.** No. months of Pregnancy 9 **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME Samuel Southwick
11. Color or Race white **12.** Age at time of THIS birth 52 yrs.
13. Birthplace West Bromwich (City or town) England (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business None

MOTHER OF CHILD

16. FULL MAIDEN NAME Mary Ann Empey
17. Color or Race white **18.** Age at time of THIS birth 44 yrs.
19. Birthplace Totenhoe (City or town) England (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business None

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 15 (b) Born alive and now living 11

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of California
County of Ventura } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Brother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 58 years of age, that I have known this person for 47 years, and that Dora Wilson (First name) (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

George F. Southwick Signature

3449 D St. Oxnard, California P. O. Address

Notary Public in and for the County of Ventura, State of California.

Subscribed and sworn to before me this 26 day of October, 19 42

(SEAL) Jean Merrill Lowe Notary Public, residing at Oxnard, Calif

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on NOV 2 1942 by Mabel F. Eddy, Registrar.

NOV 4 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be ~~received and~~ filed by ~~the local~~ registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

669-22-001-217

359717

359717

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 359717

Local Reg. No.

Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Ada (b) City Boise
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Grandmother's-- 7 mi. W. of Boise
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county 9 years 6 month 5 days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Boise
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 9 yrs.
(f) Mother's mailing address Boise, Idaho

3. RESIDENCE of FATHER (city, state) Boise, Ida

4. FULL NAME OF CHILD Florence Marie Worbois

5. Date of Birth (Month, day year) Sept. 21, 1896

6. Sex Female

7. Twin or Triplet No

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME James Worbois

11. Color or Race White

12. Age at time of THIS birth 45 yrs.

13. Birthplace Ashwell (City or town) England (State or foreign country)

14. Exact Occupation Farming

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Lena Rivers Saxton

17. Color or Race White

18. Age at time of THIS birth 28 yrs.

19. Birthplace PawPaw (City or town) Michigan (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None

23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 3 (c) Born alive and now dead 2 (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date (born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) NOV 17 1942 (Date received) (b) Mary Felder (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

27. Given name added on ..... by ..... (Registrar's signature)

State of Idaho } ss.
County of Ada }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Mrs Lena Worbois, being first duly sworn, say that I am mother (Related to (or) acquainted with) of Florence Marie Worbois (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs Lena Saxton (Name of attendant at birth), who attended said birth ✓ (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Mrs Lena Worbois Signature

R. 3. Boise Idaho P. O. Address

Subscribed and sworn to before me on this 17th day of November 19 42

(SEAL) W. A. Hoobler Notary Public, residing at Boise Idaho

NOV 17 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

753-206-021-285

359832

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

NOV 2 - 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Franklin (b) City Fairview
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county ____ years ____ months ____ days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Franklin
   (c) City Fairview
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? ____ yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Erma. Peck

5. Date of Birth of Child (Month, day, year) Nov. 6 1896

6. Sex Female

7. Twin or Triplet ____ If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy Nine

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Edwin Martin Peck
11. Color or Race White
12. Age at time of THIS birth 39 yrs.
13. Birthplace Salt Lake City (City or town) Utah (State or foreign country)
14. Exact Occupation Blacksmith.
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Phoebe Maretta Shepard
17. Color or Race White
18. Age at time of THIS birth 30 yrs.
19. Birthplace Richmond (City or town) Utah (State or foreign country)
20. Exact Occupation House wife.
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

State of Idaho
County of Jefferson } ss.

I, the undersigned, being first duly sworn, say that I am the Sister (Mother, etc.) of the person whose name appears in Item 4, above; that I am now 53 years of age, that I have known this person for 46 years, and that Emma Gibbons (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Jessie Blacklaw Signature

Rigby Idaho P. O. Address

Subscribed and sworn to before me this 31 day of Nov., 1942

(SEAL) [illegible] Notary Public, residing at Rigby Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on NOV 2 - 1942 by Mabel K Edelman, Registrar.

NOV 10 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

993-22-5036-386

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

NOV 2 - 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 359834
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Oneida (b) City Malad City
(c) Street Address or R.F.D. No. none
(d) Name of Hospital or Maternity Home: none
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 28 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Oneida
(c) City Malad City
(d) Street Address or R.F.D. No. none
(e) How long has **MOTHER** lived in Idaho? 28 yrs.

3. RESIDENCE OF FATHER (city, state) Malad City, Ida

4. FULL NAME OF CHILD Lavella Richards

5. Date of Birth of Child (Month, day, year) Oct. 25, 1896

6. Sex female **7.** Twin or Triplet no If so—born 1st, 2nd, 3rd **8.** No. months of Pregnancy 9 **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME Evan Morgan Richards
11. Color or Race white **12.** Age at time of THIS birth 34 yrs.
13. Birthplace Ogdon, Utah (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. FULL MAIDEN NAME Lettie Thomas M
17. Color or Race white **18.** Age at time of THIS birth 28 yrs.
19. Birthplace Oneida Co. Idaho (City or town) (State or foreign country)
20. Exact Occupation Cook
21. Industry or Business Private homes-

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife Address ____ Date ____

State of Idaho
County of Oneida } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the uncle (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 69 years of age, that I have known this person for all her life years, and that Dr. J. M. Kerns (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Elias E. Richards Signature

Malad Idaho. P. O. Address

Subscribed and sworn to before me this 14 day of September, 1942

(SEAL) John H. McAllister Notary Public, residing at Malad, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. ____ Idaho Code Annotated.)

Received for filing on NOV 2 - 1942 by ____, Registrar.

AUG 22 1963

NOV 1 0 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

849-101-006-451

359845

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Brigham (b) City Blackfoot Idaho
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county 3 years 2 months 1 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Brigham
   (c) City Blackfoot, Ida
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 49 yrs.

3. **RESIDENCE OF FATHER** (city, state) [redacted] Idaho

4. **FULL NAME OF CHILD** Robert Floyd Quillin

5. Date of Birth of Child (Month, day, year) Feb 1 1896

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** John Albert Quillin
11. Color or Race White
12. Age at time of THIS birth 33 yrs.
13. Birthplace Gate City (City or town) Virginia (State or foreign country)
14. Exact Occupation Contractor
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Martha Washington Meade
17. Color or Race White
18. Age at time of THIS birth 34 yrs.
19. Birthplace Gate City (City or town) Virginia (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Boric acid

23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Brigham } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4 above, that I am now 80 years of age, that I have known this person for 46 years, and that Mrs Ges. Brigham (First name) (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Martha Quillin Signature
Blackfoot, Idaho P. O. Address

Subscribed and sworn to before me this 30 day of Oct —, 19 42

(SEAL) Leon J Simmer Notary Public, residing at Blackfoot

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on NOV 2 1942 by Mark Heller, Registrar.

NOV 10 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

813-115-006-381

359850

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County BINGHAM (b) City BLACKFOOT
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 10 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State IDAHO (b) County BINGHAM
(c) City BLACKFOOT
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? TEN yrs.

3. RESIDENCE OF FATHER (city, state) BLACKFOOT. IDAHO

4. FULL NAME OF CHILD LELAND THOMAS HOLCOMB

5. Date of Birth of Child (Month, day, year) July 15, 1896

6. Sex MALE **7.** Twin or Triplet **If so—born** 1st, 2nd, 3rd

8. No. months of Pregnacy NORMAL **9.** Legitimate? YES

FATHER OF CHILD

10. FULL NAME JOHN THOMAS HOLCOMB
11. Color or Race white **12.** Age at time of THIS birth 34 yrs.
13. Birthplace TERRILL, TEXAS (City or town) (State or foreign country)
14. Exact Occupation MERCHANT - GENERAL STORE
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME MARGARET CHAMBERS
17. Color or Race white **18.** Age at time of THIS birth 28 yrs.
19. Birthplace GLASGOW, SCOTLAND (City or town) (State or foreign country)
20. Exact Occupation HOUSEWIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of California } ss.
County of Los Angeles }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the brother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 52 years of age, that I have known this person for 46 years, and that Dr. Moore (First name) (Last name), who attended this birth now deceased (Is now deceased) or (Cannot be located), I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

W E Holcomb Signature

2345 Los Feliz Blvd P. O. Address

Subscribed and sworn to before me this 29 day of October, 1962

(SEAL) Pearl L. Hooper Notary Public, residing at 215 W. 5th St LA

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on NOV 2 1962 by Mabel Hebden, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

NOV 10 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

549-210-025 415

360080

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Idaho (b) City Grangeville
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at home of mo + Mr A. F. Nunn
(e) Mother's stay **BEFORE** delivery: IN **THIS** county yes years 35 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Idaho
(c) City Grangeville
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 19 yrs.

3. **RESIDENCE OF FATHER** (city, state) Grangeville Idaho

4. **FULL NAME OF CHILD** Effie Marie Nunn

5. Date of Birth of Child (Month, day, year) Sept 10 1896

6. Sex female. 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy nine 9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Albert Franklin Nunn
11. Color or Race W hite 12. Age at time of THIS birth 41 yrs.
13. Birthplace Bloomington Illinois (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Elmira Virginia Dasco
17. Color or Race W hite 18. Age at time of THIS birth 35 yrs.
19. Birthplace Springfield Illinois (City or town) (State or foreign country)
20. Exact Occupation Home Keeper
21. Industry or Business Practical Nurse

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho }
County of Idaho } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Nurse + god mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 62 years of age, that I have known this person for 46 years, and that Dr Bobbis (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

Rout #3 Box 434 Seattle Wash P. O. Address

Subscribed and sworn to before me this 28 day of Oct 1942

(SEAL)

Notary Public, residing at Seattle

(Note: Perjury is punishable as a felony in Idaho, see Sec. 17-914, Idaho Code Annotated.)

Received for filing on NOV 12 1942 by Mabel Fiedler, Registrar.

NOV 16 1942

NOV 18 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



294112-022-796

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 360185
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Fremont (b) City Parker
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: none
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county 16 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Fremont
   (c) City Parker
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 16 yrs.

3. **RESIDENCE OF FATHER** (city, state) Parker, Ida.

4. **FULL NAME OF CHILD** Guy Henry Simpson

5. Date of Birth of Child (Month, day, year) June 12, 1896

6. Sex male

7. Twin or Triplet no

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Henry Simpson
11. Color or Race White
12. Age at time of THIS birth 43 yrs.
13. Birthplace Nottingham, (City or town) England (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Rosella Grover
17. Color or Race White
18. Age at time of THIS birth 36 yrs.
19. Birthplace Farmington, (City or town) Utah (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Farming

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 10 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Bonneville } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 54 years of age, that I have known this person for 46 years, and that Dr. Guy Middleton (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mattie E. Gray Signature

785 S. Blvd., Idaho Falls, Idaho P. O. Address

Subscribed and sworn to before me this 10th day of November, 1942

(SEAL) Olga Eberhardt Clerk of Probate Court residing at Idaho Falls Ida

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on NOV 17 1942 by Mabel H. Eberhardt, Registrar.

NOV 19 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

693 227001-619

360356

United States Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

NOV 19 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 360356
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Ada (b) City Boise
(c) Street Address or R.F.D. No 259 Warm Springs Ave
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 5 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Boise
(d) Street Address or R.F.D. No 259 Warm Springs
(e) How long has **MOTHER** lived in Idaho? 5 yrs.

3. RESIDENCE OF FATHER (city, state) Boise, Idaho

4. FULL NAME OF CHILD Natalia Teresa Fillmore

5. Date of Birth of Child (Month, day, year) Oct. 22 1896

6. Sex F

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Charles Henry Fillmore
11. Color or Race W
12. Age at time of THIS birth 31 yrs.
13. Birthplace Texas (City or town) (State or foreign country)
14. Exact Occupation Tailor
15. Industry or Business Clothing

MOTHER OF CHILD

16. FULL MAIDEN NAME Permila Anna Warner
17. Color or Race W
18. Age at time of THIS birth 24 yrs.
19. Birthplace St Louis (City or town) Mo. (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date (Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

State of Idaho } ss.
County of Ada }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the friend of family (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for 46 years, and that Dr. (First name) Fairchilds (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

[signature] Signature
216 Jefferson St., Boise, Idaho P. O. Address

Subscribed and sworn to before me this 7 day of November, 1942

(SEAL) Frank Martin Notary Public, residing at Boise, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on NOV 23 1942 by Mabel F Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

NOV 23 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

751 726035 177

360359

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

NOV 19 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Nez Perce (b) City Leland
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Nez Perce
(c) City Leland
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 2 yrs.

3. RESIDENCE OF FATHER (city, state) Leland Idaho

4. FULL NAME OF CHILD Ellwood Levering Pearson

5. Date of Birth of Child (Month, day, year) July 26-1896

6. Sex Male **7.** Twin or Triplet — If so—born 1st, 2nd, 3rd — **8.** No. months of Pregnacy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Michael Cover Pearson
11. Color or Race White **12.** Age at time of THIS birth 49 yrs.
13. Birthplace Columbus (City or town) Ohio (State or foreign country)
14. Exact Occupation Minister
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Marilla Jane Apple
17. Color or Race White **18.** Age at time of THIS birth 42 33 yrs.
19. Birthplace Plymouth (City or town) Indiana (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum —

23. Number of children of this mother: (a) At time of birth and including this child 5-Tw (b) Born alive and now living Yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date ____ and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. / Midwife ____ Address ____ Date ____

State of Idaho } ss.
County of Nez Perce }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 76 years of age, that I have known this person for 46 years, and that Nellie (First name) Pearson (Last name), who attended this birth, cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Marilla Jane Pearson Signature
Asotin Washington P. O. Address

Subscribed and sworn to before me this 17th day of Nov., 19 42

(SEAL) ____ Notary Public, residing at Kendrick

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated)

Received for filing on NOV 23 1942 by Mary E Eldon, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

NOV 23 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

113-109029-235

360388

United States
Department of Commerce
Bureau of the Census NOV 19 1942

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Latah (b) City Moscow
(c) Street Address or R.F.D. No. 302 S. Lilly St.
(d) Name of Hospital or Maternity Home: At Home attended by Dr. Gritman
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 22 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Moscow
(d) Street Address or R.F.D. No. 302 S. Lilly St.
(e) How long has **MOTHER** lived in Idaho? 22 yrs.

3. RESIDENCE OF FATHER (city, state) Moscow, Ida.

4. FULL NAME OF CHILD Steve Ingman Jacobson

5. Date of Birth of Child (Month, day, year) Mar. 9, 1896

6. Sex Male

7. Twin or Triplet —

If so—born 1st, 2nd, 3rd /

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** James Ingerald Jacobson
11. Color or Race white
12. Age at time of THIS birth 46 yrs.
13. Birthplace Hammers (City or town) Norway (State or foreign country)
14. Exact Occupation Real estate business
15. Industry or Business & saw mill

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Jena Gurine Stephensen
17. Color or Race white
18. Age at time of THIS birth 44 yrs.
19. Birthplace Hammers (City or town), Norway (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 10 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Washington
County of King } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the friend knowing facts of birth (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 90 years of age, that I have known this person for 45 years, and that DR. (First name) GRITMAN (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Julia A. Cummings Signature

4902 Phinney Ave. Seattle, Wn. P. O. Address

Subscribed and sworn to before me this 9th day of November, 1942

(SEAL) Notary Public, residing at Seattle,

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on NOV 23 1942 by Mary E. Eldridge, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 11 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

799 115036-386

360393

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

NOV 19 1942

STATE OF IDAHO

State File No. 360393
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Oneida (b) City Malad
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: No
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 27 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Oneida
(c) City Malad
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 27 yrs.

3. RESIDENCE OF FATHER (city, state) Malad Ida

4. FULL NAME OF CHILD Delbert Price

5. Date of Birth of Child (Month, day, year) Nov 15 1896

6. Sex male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** William Henry Price
11. Color or Race white
12. Age at time of THIS birth 28 yrs.
13. Birthplace Malad (City or town) Idaho (State or foreign country)
14. Exact Occupation laborer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Susanna Thomas
17. Color or Race white
18. Age at time of THIS birth 27 yrs.
19. Birthplace Malad (City or town) Idaho (State or foreign country)
20. Exact Occupation house wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of
County of } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Brother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 55 years of age, that I have known this person for 46 years, and that D. Morgan M.D. (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

John Stenway Price Signature

2167 Warren Ave Butte Montana P. O. Address

Subscribed and sworn to before me this 18 day of December, 19 42

(SEAL) Clarence L Gutchess Notary Public, residing at Wendell

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on NOV 24 1942 by Mabel Eagle, Registrar.

NOV 23 1942
NOV 23 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

349-107037-349

360414

360414

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Owyhee (b) City Bruneau
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years 16 months 9. days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Owyhee
(c) City Bruneau
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 60 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD William Vernon Turner

5. Date of Birth of Child (Month, day, year) Oct. 7. 1896

6. Sex Male **7.** Twin or Triplet **If so—born** 1st, 2nd, 3rd **8.** No. months of Pregnancy **9.** Legitimate?

FATHER OF CHILD

10. FULL NAME William O. Turner
11. Color or Race White **12.** Age at time of THIS birth 23 yrs.
13. Birthplace Bruneau (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Mary Agnes Turmes-
17. Color or Race White **18.** Age at time of THIS birth 20 yrs.
19. Birthplace Yankton (City or town) South Dakota (State or foreign country)
20. Exact Occupation Hous Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Owyhee } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 66 years of age, that I have known this person for 46 years, and that Mrs Lee Harris (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary Agnes Turner. Signature

Bruneau Idaho P. O. Address

Subscribed and sworn to before me this 28 day of November, 19 42

(SEAL) Notary Public, residing at Bruneau Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on NOV 28 1942 by Mary E Eden, Registrar.

NOV 28 1942

OCT 7 1959

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

252-20810K-313

361520

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 361520
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Canyon (b) City Near Caldwell
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Canyon
(c) City Near Caldwell - ranch
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 23 yrs. 23 Yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Ethel Marie Sebree

5. Date of Birth of Child (Month, day, year) August 8, 1896.

6. Sex Female **7.** Twin or Triplet **If so—born** 1st, 2nd, 3rd **8.** No. months of Pregnancy 9 **9.** Legitimate? Yes.

FATHER OF CHILD		MOTHER OF CHILD	
10. FULL NAME	John Thomas Sebree	16. FULL MAIDEN NAME	Emmer Jane Calvert
11. Color or Race	White	17. Color or Race	White
12. Age at time of THIS birth	34 yrs.	18. Age at time of THIS birth	31 yrs.
13. Birthplace (City or town) (State or foreign country)	Scott Co. Kentucky	19. Birthplace (City or town) (State or foreign country)	Owen Co. Kentucky
14. Exact Occupation	Rancher	20. Exact Occupation	Housewife
15. Industry or Business		21. Industry or Business	

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Arizona
County of Maricopa } ss.

X **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 53 years of age, that I have known this person for 46 years, and that Dr. Arthur F. Padget (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature Loula Jane Luckart

841 W. 18th St. San Pedro California. P. O. Address

Subscribed and sworn to before me this 17th day of November, 1942

(SEAL) O. A. Corbett Notary Public, residing at Phoenix, Arizona

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on NOV 24 1942 by Mary F. Elder, Registrar.

NOV 27 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

28-213-040-314

361586

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

NOV 23 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Shoshone (b) City Gem
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 5 years 5 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Shoshone
(c) City Gem
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 5 yrs.

3. RESIDENCE OF FATHER (city, state) Gem Idaho

4. FULL NAME OF CHILD Myrtle Marguerite Shannon

5. Date of Birth of Child (Month, day, year) 8-13-1896

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Joseph Shannon

11. Color or Race White

12. Age at time of THIS birth 27 yrs.

13. Birthplace Park Hill (City or town) Ontario, Canada (State or foreign country)

14. Exact Occupation Miner

15. Industry or Business Mining

MOTHER OF CHILD

16. FULL MAIDEN NAME Janet Cameron

17. Color or Race White

18. Age at time of THIS birth 24 yrs.

19. Birthplace London (City or town) Ontario (State or foreign country) Canada

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho }
County of Shoshone } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now Seventy years of age, that I have known this person for 46 years, and that Ella Sievert (First name) (Last name), who attended this birth Is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Janet Williams, Signature
Kellogg, Idaho P. O. Address

Commission expires July 30, 1945

Subscribed and sworn to before me this 20 day of Nov., 1942

(SEAL) Mary M. Stout Notary Public, residing at Kellogg

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on NOV 23 1942 by Mabel F. Elder, Registrar.

DEC 1 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

542-22-0447-867

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 361608
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Washington (b) City Midvale
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 13 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Washington
(c) City Midvale
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 13 yrs.

3. **RESIDENCE OF FATHER** (city, state) Midvale Idaho

4. **FULL NAME OF CHILD** Lena Leota Edson

5. Date of Birth of Child (Month, day, year) Jan 22, 1896

6. Sex female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Arthur Elbridge Edson

11. Color or Race white

12. Age at time of THIS birth 36 yrs.

13. Birthplace Whitaker (City or town) Oregon (State or foreign country)

14. Exact Occupation Carpenter

15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ida Ethelda Hopper

17. Color or Race White

18. Age at time of THIS birth 28 yrs.

19. Birthplace Kansas (City or town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Oregon
County of Lake } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 55 years of age, that I have known this person for 46 years, and that Eliza Stewart (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Mary Johns Signature

1410 5th St Springfield Ore. P. O. Address

Subscribed and sworn to before me this 14th day of November, 1942

(SEAL) Joyce Lawrence Notary Public, residing at Eugene Ore,

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

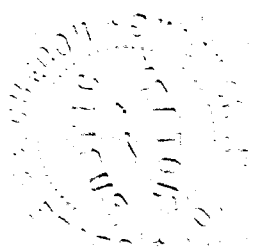
Received for filing on NOV 30 1942 by Mabel Tyler, Registrar.

DEC 1 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin, or guardian, or some person having direct knowledge in the premises.



445-22-3-004-113

361614

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bear Lake (b) City Bloomington
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bear Lake
(c) City Bloomington
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 22 yrs.

3. RESIDENCE OF FATHER (city, state) Bloomington Ida

4. FULL NAME OF CHILD Wynona Dunford

5. Date of Birth of Child (Month, day, year) Jan. 23 - 1896

6. Sex Female

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Parley Edwin Dunford
11. Color or Race white
12. Age at time of THIS birth 35 yrs.
13. Birthplace St Louis (City or town) Missouri (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Jacobsen
17. Color or Race White
18. Age at time of THIS birth 22 yrs.
19. Birthplace Bloomington (City or town) Idaho (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Utah
County of Cache } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 68 years of age, that I have known this person for 46 years, and that Catherine (First name) Nelson (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary Jacobsen Dunford Signature

J Logan Utah P. O. Address

Subscribed and sworn to before me this 24 day of Nov. 1942

8/2/44

(SEAL)

Notary Public, residing at Logan Utah

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on NOV 30 1942 by Mabel H Nelson, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 1 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

699-203029-962

United States Department of Commerce Bureau of the Census

OCT 30 1942

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 361700
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Latah (b) City Genesee
   (c) Street Address or R.F.D. No. 1
   (d) Name of Hospital or Maternity Home:
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county years 10 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Latah
   (c) City Genesee
   (d) Street Address or R.F.D. No. 1
   (e) How long has **MOTHER** lived in Idaho? 10 months yrs.

3. **RESIDENCE OF FATHER** (city, state) Genesee, Ida.

4. **FULL NAME OF CHILD** Grace Frizzell

5. Date of Birth of Child (Month, day, year) March 3, 1896

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Jacob Henry Frizzell
11. Color or Race White
12. Age at time of THIS birth 37 yrs.
13. Birthplace Indiana (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ella Robb
17. Color or Race White
18. Age at time of THIS birth 29 yrs.
19. Birthplace Gabriola, Canada (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum 3
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive 3 and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

State of Washington } ss.
County of Douglas }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 76 years of age, that I have known this person for 46 years, and that Mrs. (First name) Daggett (Last name), who attended this birth, cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ella Frizzell
Signature

Orondo, Washington
P. O. Address

Subscribed and sworn to before me this 21 day of October, 1942.

(SEAL) O. P. Hopewell
Notary Public, residing at Waterville, Wash.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

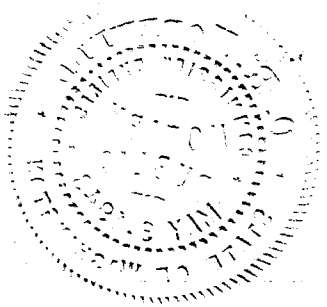
Received for filing on OCT 30 1942 by Mabel Fiedler, Registrar.

DEC 2 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



639-216-020-466

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 961736
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Elmore (b) City Glenns Ferry
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 1 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Elmore
(c) City Glenns Ferry.
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 7 yrs.

3. RESIDENCE OF FATHER (city, state) Glenns Fall Idaho.

4. FULL NAME OF CHILD Ellen Anna Oliver

5. Date of Birth of Child (Month, day, year) Feb. 16, 1896

6. Sex F.

7. Twin or Triplet Single If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Relph Henderson Oliver
11. Color or Race W.
12. Age at time of THIS birth 43. yrs.
13. Birthplace Middlebury, (City or town) Indiana. (State or foreign country)
14. Exact Occupation R.R. Engineer
15. Industry or Business Oregon Short Line R.R.

MOTHER OF CHILD

16. FULL MAIDEN NAME Anna Eliza Moore
17. Color or Race W.
18. Age at time of THIS birth 31. yrs.
19. Birthplace Casnovia, (City or town) Michigan. (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business "

22. Name prophylactic used to prevent Ophthalmia Neonatorum ?

23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Michigan
County of Barry } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Older Sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 52 years of age, that I have known this person for 46 years, and that Mrs. Tom (First name) Boyce (Last name), who attended this birth cannot be located. (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

May Oliver Holes
Signature
May Oliver Holes.
Middleville, Michigan.
P. O. Address

Subscribed and sworn to before me this 27 day of November, 1942

(SEAL) Mary E. Fuller Notary Public, residing at Middleville Michigan.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on NOV 30 1942 by Mabel Fuller, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 3 1942

DEC 4 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to sueh date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



282-206-021-843

361754

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 361754
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Franklin (b) City Fairview
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Franklin
(c) City Fairview
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 70 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Margaret Edna Bybee(Montague)

5. Date of Birth of Child (Month, day, year) March 6th 1896.

6. Sex Female **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnancy **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Absalom A. Bybee
11. Color or Race White **12.** Age at time of THIS birth 40 yrs.
13. Birthplace Ogden (City or town) Utah (State or foreign country)
14. Exact Occupation FarMer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Mary Elizabeth Hall
17. Color or Race White **18.** Age at time of THIS birth 29 yrs.
19. Birthplace St.George Utah (City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Madison } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 74 years of age, that I have known this person for 46 years, and that Ellen Morgan (First name) (Last name), who attended this birth is now dedeased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary Elizabeth Bybee Signature

Thornton, Idaho Route, 1. P. O. Address

Subscribed and sworn to before me this 10th day of November, 19 42

(SEAL) Daniel Ricks Notary Public, residing at Rexburg,

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 1 1942 by , Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 4 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

466-22-014-693

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 361759
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Canyon (b) City Emmett
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 13 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Canyon
(c) City Emmett
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 60 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Amy Belle Woody

5. Date of Birth of Child (Month, day, year) Jan. 22, 1896

6. Sex girl

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy

9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** William Woody
11. Color or Race white
12. Age at time of THIS birth 38 yrs.
13. Birthplace Dalonega (City or town) Georgia (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Cathriane Wittel
17. Color or Race white
18. Age at time of THIS birth 38 yrs.
19. Birthplace Sandusky (City or town) Ohio (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 9 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho } ss.
County of Gooding }

AFFIDAVIT to be completed when the attendant does not sign in Item 25

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of Mrs. Catharine Woody the person whose name appears in Item 4, above, that I am now 84 years of age, that I have known this person for 46 years, and that Mrs. Chas. Oaks (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Catharine Woody Signature

Gooding, Idaho P. O. Address

Subscribed and sworn to before me this 1st day of December, 19 42

(SEAL) Notary Public, residing at Gooding, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 2 1942 by Mabel Keller, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 4 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

296-218-007-313

361847

361847

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Blaine (b) City Gannett R 1
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 15 years 9 months 18 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Blaine
(c) City Gannett R.I.
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 67 yrs.

3. **RESIDENCE OF FATHER** (city, state) Gannett, Idaho.

4. **FULL NAME OF CHILD** Lela Brown

5. Date of Birth of Child (Month, day, year) Feb 18th 1896

6. Sex Girl

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes.

FATHER OF CHILD

10. **FULL NAME** Thomas Francis Brown
11. Color or Race White
12. Age at time of THIS birth 25 yrs.
13. Birthplace Escanaba Mich. (City or town) (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business Farmer

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Minnie Belle Calhoun
17. Color or Race White
18. Age at time of THIS birth 21 yrs.
19. Birthplace Boise Idaho (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Farming

22. Name prophylactic used to prevent Ophthalmia Neonatorum Boric Acid
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living Yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by Minnie B. Flores (First name) (Last name), who is related to this child as her Mother (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Ada } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 67 years of age, that I have known this person for 46 years, and that ~~Minnie B. Flores~~ PHENRIETTA DAYTON (First name) (Last name), who attended this birth IS NOW DECEASED (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Minnie B. Flores Signature

Eagle Idaho, P. O. Address

Subscribed and sworn to before me this 21 ST day of DECEMBER, 1942

(SEAL) O. C. Franklin Notary Public, residing at BOISE, IDA.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 21 1942 by Mabel E. Eagle, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 22 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

273-129-135-239

United States Department of Commerce Bureau of the Census

NOV 23 1942

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 361926
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Nez Perce (b) City Lapwai
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: none
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 8 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Nez Perce
(c) City Lapwai
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 8 yrs.

3. RESIDENCE OF FATHER (city, state) Idaho

4. FULL NAME OF CHILD Robert Lee Splawn

5. Date of Birth of Child (Month, day, year) Nov. 29, 1896

6. Sex Male

7. Twin or Triplet --

If so—born 1st, 2nd, 3rd no

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Isom Ware Splawn
11. Color or Race White
12. Age at time of THIS birth 40 yrs.
13. Birthplace Arizona (City or town) (State or foreign country)
14. Exact Occupation Blacksmith
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Anna Louise Scroggins
17. Color or Race White
18. Age at time of THIS birth 32 yrs.
19. Birthplace Fort Smith, Arkansas (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I ~~attended~~ the birth of this child, who was born alive (Born alive, stillborn) at 2: A. M. on the date and at the place stated above, and that personal particulars were furnished by Anna Osher (First name) (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature Anna Osher M.D. Midwife Address Powell, Wyoming Date Nov. 19, 1942

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

State of Wyoming
County of Park } ss.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 48 years of age, that I have known this person for 46 years, and that ..... (First name) (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Anna Osher Signature

My commission expires January 23, 1945 Garland, Wyo. P. O. Address

Subscribed and sworn to before me this 18th day of November, 1942

(SEAL) Mrs. F. O. Canaday Notary Public, residing at Powell, Wyoming

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on NOV 23 1942 by Mary E Edgar, Registrar.

DEC 8 1942
DEC 10 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

641-213-028-356

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 361949

Local Reg. No.

Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Kootenai (b) City Rathdrum

(c) Street Address or R.F.D. No. None

(d) Name of Hospital or Maternity Home: Own Home

(e) Mother's stay **BEFORE** delivery: IN **THIS** county 1 years 11 months 9 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Kootenai

(c) City Rathdrum

(d) Street Address or R.F.D. No. None 1Yr 11Mo

(e) How long has **MOTHER** lived in Idaho? yrs.

3. RESIDENCE OF FATHER (city, state) Rathdrum Idaho

4. FULL NAME OF CHILD Jessie Pauline Quarles

5. Date of Birth of Child (Month, day, year) Dec. 15, 1896

6. Sex Female **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnancy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Thomas Lemuel Quarles

11. Color or Race White **12.** Age at time of THIS birth 27 yrs.

13. Birthplace Bentonville, Arkansas (City or town) (State or foreign country)

14. Exact Occupation Deputy County Assessor

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME May Hortense Lewis

17. Color or Race White **18.** Age at time of THIS birth 25 yrs.

19. Birthplace Hastings, Minnesota (City or town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business None

22. Name prophylactic used to prevent Ophthalmia Neonatorum Unknown

23. Number of children of this mother: (a) At time of birth and including this child Two (b) Born alive and now living 2.

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 9:15 A.M. on the date and at the place stated above, and that personal particulars were furnished by Myself (First name) (Last name), who is related to this child as Mother (Mother, etc.) Present address: Spokane, Washington.

25. Attendant's **OWN** signature M.D. Midwife Address W. 2227 Sinto Ave. Date Nov. 23, 42.

State of Idaho
County of Kootenai } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 71 years of age, that I have known this person for 47 years, and that Dr. Frank Wenz (First name) (Last name), who attended this birth Is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. May Lewis Quarles Signature

Route 2, Rathdrum, Idaho P. O. Address

Subscribed and sworn to before me this 3rd day of December, 1942

(SEAL) Jas. P. Foster, Clerk of District Court Notary Public, residing at Coeur d'Alene Ida.

(Note: Perjury is punishable as a felony in Idaho—see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 4 1942 by Mabel Wheeler, Deputy Registrar.

DEC 9 1942
DEC 10 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

417-205-076-693

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 361954
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Oneida (b) City Weston
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Delivered at own home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county yes years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Onneida
(c) City nWeston
(d) Street Address or R.F.D. No. -----
(e) How long has **MOTHER** lived in Idaho? 2 yrs.

3. RESIDENCE OF FATHER (city, state) Weston, Ida

4. FULL NAME OF CHILD Ruby May Maxfield

5. Date of Birth of Child (Month, day, year) Dec. 5, 1896

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Robert Burns Maxfield

11. Color or Race White

12. Age at time of THIS birth 24 yrs.

13. Birthplace Cotton Wood (City or town) Utah (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Cynthia Jane Wilson

17. Color or Race White

18. Age at time of THIS birth 26 yrs.

19. Birthplace Cotton Wood (City or town) Utah (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Yes

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of California
County of Los Angeles } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 73 years of age, that I have known this person for 45 years, and that Mrs. [illegible] Maughn (First name) (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Cynthia J Maxfield Signature

6219 Plaska Ave Huntington Park P. O. Address

My Commission Expires March 8, 1946

Subscribed and sworn to before me this 30th day of NOVEMBER, 1942

(SEAL) Ellen R. Sanders Notary Public, residing at 6703C-Miles Ave., Huntington Park, Calif.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 7 1942 by Mabel Weber, Registrar.

DEC 9 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

769-106-032-613

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 361961
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Lincoln (b) City Shoshone
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Residence
(e) Mother's stay BEFORE delivery: IN THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Lincoln
(c) City Shoshone
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 20 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Charley Wallace Gwin

5. Date of Birth of Child (Month, day, year) Oct. 6 1896.

6. Sex Male

7. Twin or Triplet No

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Frank Pierce Gwin

11. Color or Race White

12. Age at time of THIS birth 49 yrs.

13. Birthplace Merced (City or town) California (State or foreign country)

14. Exact Occupation Stock Rancher

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Anna Jane Wallace

17. Color or Race White

18. Age at time of THIS birth 35 yrs.

19. Birthplace Iola (City or town) Wisconsin (State or foreign country)

20. Exact Occupation House Wife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living Yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's OWN signature ____ M.D. Midwife Address ____ Date ____

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

State of Idaho, County of Lincoln } ss.

I, the undersigned, being first duly sworn, say that I am the Brother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 57 years of age, that I have known this person for 45 years, and that midwife (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Fred F. Gwin Signature

Shoshone, Ida. P. O. Address

Subscribed and sworn to before me this 28 day of November, 1942

(SEAL) Paul S. Haddock Notary Public, residing at Shoshone Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 7 1942 by Mabel Hedelin, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 9 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

955-123-029-419

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 361985
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Latah (b) City Lenville
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 17 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Lenville
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 17 yrs.

3. RESIDENCE OF FATHER (city, state) Lenville, Ida.

4. FULL NAME OF CHILD Everett Allen Ivey

5. Date of Birth of Child (Month, day, year) April 23, 1896

6. Sex Male

7. Twin or Triplet If so—born 1st, 2nd, 3rd First

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Seymour Lee Ivey
11. Color or Race White
12. Age at time of THIS birth 24 yrs.
13. Birthplace Unknown (City or town) Indiana (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Orpha Belle Marshall
17. Color or Race White
18. Age at time of THIS birth 17 yrs.
19. Birthplace Moscow (City or town) Idaho (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.).

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Washington
County of Pierce } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Cousin (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 59 years of age, that I have known this person for 46 years, and that Mattie (First name) Marshall (Last name), who attended this birth Is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Hattie [illegible] Signature

7032 South Warner Street, Tacoma, Wash. P. O. Address

Subscribed and sworn to before me this 4th day of December, 1942

(SEAL) [illegible] Notary Public, residing at Tacoma, Washington

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 9 1942 by Mary F. Eldridge, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 10 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

466-1-26-030-769

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 362009
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County LEMHI (b) City SALMON
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 4 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State IDAHO (b) County LEMHI
(c) City SALMON
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 4 yrs.

3. RESIDENCE OF FATHER (city, state) SAME

4. FULL NAME OF CHILD RUBEN McKAY MOORE

5. Date of Birth of Child (Month, day, year) OCTOBER 26, 1896

6. Sex male **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnancy 9 **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME RUBEN McKAY MOORE
11. Color or Race WHITE **12.** Age at time of THIS birth 41 yrs.
13. Birthplace MISSOURI (City or town) (State or foreign country)
14. Exact Occupation RANCHER
15. Industry or Business RANCHING

MOTHER OF CHILD

16. FULL MAIDEN NAME OLIVE MINNIE GORHAM
17. Color or Race WHITE **18.** Age at time of THIS birth 35 yrs.
19. Birthplace SPRINGFIELD (City or town) ILLINOIS (State or foreign country)
20. Exact Occupation HOUSEWIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum 0

23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of IDAHO
County of LEMHI } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the SISTER (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 56 years of age, that I have known this person for 46 years, and that MRS. NANNIE E. PRICE (First name) (Last name), who attended this birth IS NOW DECEASED (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Lora Moore Cockerell Signature

WHEELER, OREGON P. O. Address

Subscribed and sworn to before me this 16th day of NOVEMBER, 19 42

(SEAL) Maurine C. McBride Notary Public, residing at SALMON, IDAHO

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 7 1942 by Maurine F. Elgin, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 10 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in ~~the Bureau of Vital Statistics for the purposes and uses prescribed in~~ Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

299-228-022-231

362047

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Fremont (b) City Lyman
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 12 years 10 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City Lyman
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 12 yrs.

3. **RESIDENCE OF FATHER** (city, state) Lyman, Idaho

4. **FULL NAME OF CHILD** Alice Rebecca Briggs

5. Date of Birth of Child (Month, day, year) Apr. 28, 1896

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** George Briggs
11. Color or Race White
12. Age at time of THIS birth 37 yrs.
13. Birthplace Tupton, (City or town) England (State or foreign country)
14. Exact Occupation Farmer & Merchant
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Sarah Susannah Blackburn
17. Color or Race White
18. Age at time of THIS birth 37 yrs.
19. Birthplace Clayton, (City or town) England (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 10 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Madison } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Brother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 59 years of age, that I have known this person for 46 years, and that Christine M. Walz (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

George Briggs Jr Signature

Route 1, Thornton, Idaho P. O. Address

Subscribed and sworn to before me this 7 day of Dec 1942

(SEAL) Notary Public, residing at Rexburg Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 7 1942 by Mary Nielsen, Registrar.

DEC 11 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics ~~for the purposes and uses prescribed in~~ Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

285-227-003-791

362175

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 362175
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bannock (b) City Pocatello
(c) Street Address or R.F.D. No. First Ave.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 4 years 6 months 21 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City Pocatello
(d) Street Address or R.F.D. No. First Ave.
(e) How long has **MOTHER** lived in Idaho? 5 yrs.

3. RESIDENCE OF FATHER (city, state) Pocatello, Idaho.

4. FULL NAME OF CHILD MARY ELLEN SHEA

5. Date of Birth of Child (Month, day, year) Aug. 27, 1896

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** James Jefferson Shea
11. Color or Race White
12. Age at time of THIS birth 31 yrs.
13. Birthplace Livingston County (City or town) Illinois (State or foreign country)
14. Exact Occupation Promoter
15. Industry or Business Mining

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Cora Elva Graves
17. Color or Race White
18. Age at time of THIS birth 27 yrs.
19. Birthplace Carrollton (City or town) Greene Co., Illinois (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business None

22. Name prophylactic used to prevent Ophthalmia Neonatorum None

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Oregon
County of Multnomah } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the brother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 50 years of age, that I have known this person for 46 years, and that Dr. C. N. Rooker (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Otis L. Shea
Signature

4621 SE 44th Ave., Portland, Oregon.
P. O. Address

Subscribed and sworn to before me this 10th day of December 19 42.

(SEAL)

Jessie O. Stuck
Notary Public, residing at Portland Ore.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated)

3/4/46

Received for filing on DEC 16 1942 by Mary J. Eder, Registrar.

DEC 16 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

766 1250 29 693

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 362232

Local Reg. No.

Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Latah (b) City Moscow

(c) Street Address or R.F.D. No. 3d Street

(d) Name of Hospital or Maternity Home:

(e) Mother's stay **BEFORE** delivery: IN **THIS** county 3 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Latah

(c) City Moscow

(d) Street Address or R.F.D. No. 3d Street

(e) How long has **MOTHER** lived in Idaho? 8 yrs.

3. RESIDENCE OF FATHER (city, state) about

4. FULL NAME OF CHILD Melvin Goode

5. Date of Birth of Child (Month, day, year) Nov 25 1896

6. Sex Boy

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** George Goode

11. Color or Race White

12. Age at time of THIS birth 28 yrs.

13. Birthplace Manchester England (City or town) (State or foreign country)

14. Exact Occupation Lawyer

15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Carrie May Willard

17. Color or Race White

18. Age at time of THIS birth yrs.

19. Birthplace Stillaccom. Washington (City or town) (State or foreign country)

20. Exact Occupation housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of California
County of Los Angeles } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 74 years of age, that I have known this person for 46 years, and that George (First name) Goode (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

George Goode Signature

P. O. Address

Subscribed and sworn to before me this 10th day of Dec, 1942

(SEAL) Edith Thompson Willey Notary Public, residing at Pasadena Calif

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 14 1942 by Mark H. Ellis, Registrar.

FEB 17 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

55-108-014-693

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 363343
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Canyon (b) City New Plymouth
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at own home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Canyon
(c) City New Plymouth
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 8 17 yrs.

3. **RESIDENCE OF FATHER** (city, state) New Plymouth Idaho

4. **FULL NAME OF CHILD** John McKinley Neal

5. Date of Birth of Child (Month, day, year) April 8, 1996

6. Sex Male

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Isaac Harrison Neal
11. Color or Race White
12. Age at time of THIS birth 37 yrs.
13. Birthplace LittleRock, Arkansas (City or town) (State or foreign country)
14. Exact Occupation Rancher
15. Industry or Business Ranching

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Sarah Ann Wilburn
17. Color or Race White
18. Age at time of THIS birth 29 yrs.
19. Birthplace Red Bluff City, Calif. (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by Jessie E. Williams (First name) (Last name), who is related to this child as Aunt (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Payette } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Aunt (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 69 years of age, that I have known this person for 46 years, and that Amanda Brown (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Jessie E. Williams Signature
Payette Idaho P. O. Address

Subscribed and sworn to before me this 5 day of November, 1942

(SEAL) Lillian Wilson County Auditor Notary Public, residing at Payette Idaho,

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 21 1942 by Mark Hellen, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 23 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

695-101-001-545

363370

363370

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 363370
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Ada (b) City Boise
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at own home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years 1 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Boise
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 40 yrs.

3. **RESIDENCE OF FATHER** (city, state) Lead

4. **FULL NAME OF CHILD** Alfred Earlen Zincker

5. Date of Birth of Child (Month, day, year) July 1, 1896

6. Sex Male

7. Twin or Triplet No If so—born 1st, 2nd, 3rd —

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** John Westley Zincker

11. Color or Race White

12. Age at time of THIS birth 39 yrs.

13. Birthplace Kaslan (City or town) Arkansas (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business Farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Emmaline Emerson

17. Color or Race White

18. Age at time of THIS birth 24 yrs.

19. Birthplace Bunburg (City or town) Missouri (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business Housemaking

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 11

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Ada } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 71 years of age, that I have known this person for 46 years, and that Dr Koehler (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

801 N. 31st, St. Boise, Idaho P. O. Address

Subscribed and sworn to before me this 28th day of December, 1942

(SEAL) W A Hoobler Notary Public, residing at Boise Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 28 1942 by Mary F Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 28 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

433-214016-213

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 363544
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County CASSIA (b) City OAKLEY
   (c) Street Address or R.F.D. No. UNKNOWN
   (d) Name of Hospital or Maternity Home: AT HOME
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county 12 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State IDAHO (b) County CASSIA
   (c) City OAKLEY
   (d) Street Address or R.F.D. No. UNKNOWN
   (e) How long has **MOTHER** lived in Idaho? 12 yrs.

3. **RESIDENCE OF FATHER** (city, state) OAKLEY, IDA.

4. **FULL NAME OF CHILD** VIOLA McCOY

5. Date of Birth of Child (Month, day, year) SEPT. 14, 1896

6. Sex FEMALE

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? YES

FATHER OF CHILD

10. **FULL NAME** JOHN ROSCOE McCOY
11. Color or Race WHITE
12. Age at time of THIS birth 32 yrs.
13. Birthplace PORTLAND, (City or town) OREGON (State or foreign country)
14. Exact Occupation MINER
15. Industry or Business MINING

MOTHER OF CHILD

16. **FULL MAIDEN NAME** LYDIA BATES
17. Color or Race WHITE
18. Age at time of THIS birth 20 yrs.
19. Birthplace STOCKTON, (City or town) UTAH (State or foreign country)
20. Exact Occupation HOUSE WIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum UNKNOWN
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

State of Idaho
County of Twin Falls } ss.

I, the undersigned, being first duly sworn, say that I am the Aunt (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 69 years of age, that I have known this person for 46 years, and that ____ (First name) ____ (Last name), who attended this birth ____ (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Ida Dunn Signature
444 3rd Ave No Twin Falls Idaho P. O. Address

Subscribed and sworn to before me this 26 day of October, 1942

(SEAL) Emma L. Hick Notary Public, residing at Twin Falls Idaho.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated)

Received for filing on DEC 29 1942 by Mary Helen, Registrar.

DEC 31 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in ~~Chapter 2, Title 38, Idaho Code Annotated, when such report is accom-~~ panied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

815 713 003 381

363792

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 363792
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bannock (b) City Mink Creek, P.O.
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: none
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 1 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City Mink Creek, P.O.
(d) Street Address or R.F.D. No. Lived on farm
(e) How long has **MOTHER** lived in Idaho? 26 yrs.

3. RESIDENCE OF FATHER (city, state) 19 yr in state

4. FULL NAME OF CHILD Leander Christian Hansen

5. Date of Birth of Child (Month, day, year) Apl 13th 1896

6. Sex male

7. Twin or Triplet no If so—born 1st, 2nd, 3rd no

8. No. months of Pregnancy nine

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Michael Christian Hansen
11. Color or Race Dane, white
12. Age at time of THIS birth 26 yrs.
13. Birthplace Copenhagen, Denmark (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Ann Chambers
17. Color or Race White, English
18. Age at time of THIS birth 19 yrs.
19. Birthplace Provo Bench (City or town) Utah (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum dont know
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Wash
County of Spokane } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 65 years of age, that I have known this person for 46 years, and that the person (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

X Mary Ann Hansen Signature

Deer Park, Wash P. O. Address

Subscribed and sworn to before me this 4th day of January, 1943.

(SEAL) G. H. Rice Notary Public, residing at Deer Park

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated)

Received for filing on JAN 9 1943 by Mary Fielden, Registrar.

JAN 11 1943

JAN 27 1950

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

652217017-855

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 363840
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Clark (b) City Beaver Canyon
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 1 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Clark
(c) City Beaver Canyon
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 2 yrs.

3. RESIDENCE OF FATHER (city, state) Idaho

4. FULL NAME OF CHILD Frances Rebecca Webb

5. Date of Birth of Child (Month, day, year) Sept. 17th 1896

6. Sex Female **7.** Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME William Webb
11. Color or Race white **12.** Age at time of THIS birth 38 yrs.
13. Birthplace England (City or town) (State or foreign country)
14. Exact Occupation Laborer
15. Industry or Business Railroad

MOTHER OF CHILD

16. FULL MAIDEN NAME Sine Henricksen
17. Color or Race white **18.** Age at time of THIS birth 21 yrs.
19. Birthplace Denmark (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business own home

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number ~~of children of this mother:~~ (a) At time of birth and including this child 3 (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of California
County of Los Angeles } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 67 years of age, that I have known this person for 46 years, and that Mrs. Harris (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Jim Webb Signature
1150½ S. Gage Los Angeles, Cal. P. O. Address

My Commission Expires March 4, 1946

Subscribed and sworn to before me this 23 day of November, 1942

(SEAL) Frances Gearhard Notary Public, residing at San Gabriel Calif.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 10 1943 by Mel Thelen, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 13 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

296 113 030 255

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 363844
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County LEMHI (b) City SALMON
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 23 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State IDAHO (b) County LEMHI
(c) City SALMON
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 23 yrs.

3. RESIDENCE OF FATHER (city, state) SAME

4. FULL NAME OF CHILD LLOYD KENNEY BROWN

5. Date of Birth of Child (Month, day, year) JANUARY 13, 1896

6. Sex male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME WILLIAM JOSEPH BROWN

11. Color or Race WHITE

12. Age at time of THIS birth 36 yrs.

13. Birthplace HALIFAX (City or town) NOVA SCOTIA (State or foreign country)

14. Exact Occupation BUTCHER

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME NELLIE ESTELLE KENNEY

17. Color or Race WHITE

18. Age at time of THIS birth 28 yrs.

19. Birthplace FAIRBAULT (City or town) MINNESOTA (State or foreign country)

20. Exact Occupation HOUSEWIFE

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum 0

23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of IDAHO
County of LEMHI } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the MOTHER (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 74 years of age, that I have known this person for 47 years, and that DR. (First name) KENNY (Last name), who attended this birth IS NOW DEACESED (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Nellie E. Brunn Baham Signature

FAIROAKS, CALIFORNIA P. O. Address

Subscribed and sworn to before me this 9th day of JANUARY, 19 43

(SEAL) Maurine C. McBride Notary Public, residing at SALMON, IDAHO

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 10 1943 by Mabel Hughes, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 13 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

696-218014-255

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 363872
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County CANYON (b) City Caldwell
(c) Street Address or R.F.D. No. 1
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 18 years 3 months 4 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State IDAHO (b) County CANYON
(c) City Caldwell
(d) Street Address or R.F.D. No. 1
(e) How long has **MOTHER** lived in Idaho? 54 yrs.

3. RESIDENCE OF FATHER (city, state) Caldwell Idaho

4. FULL NAME OF CHILD CAROLYN ALice FROMAN

5. Date of Birth of Child (Month, day, year) APRIL-18-1896

6. Sex Female **7.** Twin or Triplet **If so—born** 1st, 2nd, 3rd **8.** No. months of Pregnancy 9 **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME ISAAC STERLING FROMAN
11. Color or Race WHITE **12.** Age at time of THIS birth 35 yrs.
13. Birthplace (City or town) MISSOURI (State or foreign country)
14. Exact Occupation FARMER
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME SUSAN ELIZABETH KAENEY
17. Color or Race WHITE **18.** Age at time of THIS birth 36 yrs.
19. Birthplace (City or town) BROWNSVILLE (State or foreign country) OREGON
20. Exact Occupation HOUSEWIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of California
County of Los Angeles } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the NEIGHBOR (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 88 years of age, that I have known this person for 46 years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. LeLand B. Brown Signature

318-11th St., Seal Beach Calif. P. O. Address

Subscribed and sworn to before me this 24th day of December 24, 1942

(SEAL) Robert P. McMaster Notary Public, residing at Long Beach California

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

My Commission Expires Dec. 14, 1944

Received for filing on JAN 12 1943 by Mabel Fiedler, Registrar.

JAN 13 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

962-122016-669

364025

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Cassia (b) City Oakley
(c) Street Address or R.F.D.No. --
(d) Name of Hospital or Maternity Home:
--
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home -- days.
IN THIS county 13 years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Cassia
(c) City Oakley
(d) Street Address or R.F.D.No. --
(e) How long has MOTHER lived in Idaho? 13 yrs.
(f) Mother's mailing address Oakley, Idaho

3. RESIDENCE of FATHER (city, state) Oakley, Ida.

4. FULL NAME OF CHILD George Leslie Rose

5. Date of Birth (Month, day year) Oct. 22, 1896

6. Sex Male

7. Twin or Triplet --

If so—born 1st, 2nd, 3rd --

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME John William Rose

11. Color or Race White

12. Age at time of THIS birth 36 yrs.

13. Birthplace Des Moines, Iowa (City or town) (State or foreign country)

14. Exact Occupation Common laborer

15. Industry or Business Common laborer

MOTHER OF CHILD

16. FULL MAIDEN NAME Sletha Ellen Workman

17. Color or Race White

18. Age at time of THIS birth 18 yrs

19. Birthplace Cherry Creek, Nevada (City or town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum --

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 10 (c) Born alive and now dead 3 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's OWN signature ____ M.D. (D.O., Midwife, etc.) and address ____ Date ____

26. (a) JAN 26 1943 (Date received) (b) Mark H. Nielsen (Registrar's signature)

27. Given name added on ____ by ____ (Registrar's signature)

State of Idaho
County of Cassia } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Sletha Ellen Workman Rose, being first duly sworn, say that I am related to (Related to (or) acquainted with) George Leslie Rose (Name of person on certificate above) as his mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. Clark (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Sletha Ellen Workman Rose (Signature)

Murtaugh, Idaho P. O. Address

Subscribed and sworn to before me on this 25th day of January, 19 43

(SEAL) Mark H. Nielsen Notary Public, residing at Burley, Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 2 8 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

796 109-037-259

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 364075
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Owyhee (b) City Wilson
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 2 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Owyhee
(c) City Wilson
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 28 yrs.

3. RESIDENCE OF FATHER (city, state) Wilson, Idaho

4. FULL NAME OF CHILD Elmer Bernard Gifford

5. Date of Birth of Child (Month, day, year) June 9, 1896

6. Sex Male
7. Twin or Triplet Twin If so—born 1st, 2nd, 3rd 1st
8. No. months of Pregnancy 9
9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Reuben J. Gifford
11. Color or Race White
12. Age at time of THIS birth 50 yrs.
13. Birthplace Milton, Vermont (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farmer

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Almeda J. ~~XXXXX~~ Bernard
17. Color or Race American
18. Age at time of THIS birth 28 yrs.
19. Birthplace Boise, Idaho (City or town) (State or foreign country)
20. Exact Occupation Housewife to Farmer
21. Industry or Business " " "

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Canyon } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 76 years of age, that I have known this person for 46 years, and that Ada P. Bernard (First name) (Last name) who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Reuben J. Gifford Signature

#703-12th Ave. So. Nampa, Idaho P. O. Address

Subscribed and sworn to before me this 14th day of January, 19 43

(SEAL) Donald C. Hall Notary Public, residing at Nampa, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-9[illegible] Idaho Code Annotated.)

Received for filing on JAN 19 1943 by [illegible], Registrar.

JAN 2 0 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

796-209-037-259

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 364076
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Owyhee (b) City Wilson
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 2 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Owyhee
(c) City Wilson
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 28 yrs.

3. RESIDENCE OF FATHER (city, state) Wilson, Idaho

4. FULL NAME OF CHILD Alma B. Gifford (Maiden)

5. Date of Birth of Child (Month, day, year) June 9, 1896

6. Sex Female **7.** Twin or Triplet Twin If so—born 1st, 2nd, 3rd 2nd **8.** No. months of Pregnancy 9 **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME Ruben J. Gifford
11. Color or Race white **12.** Age at time of THIS birth 30 yrs.
13. Birthplace Milton, Vermont (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farmer

MOTHER OF CHILD

16. FULL MAIDEN NAME Almeda J. Bernard
17. Color or Race White **18.** Age at time of THIS birth 28 yrs.
19. Birthplace Boise, Idaho (City or town) (State or foreign country)
20. Exact Occupation Housewife to Farmer
21. Industry or Business " " "

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Canyon } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 76 years of age, that I have known this person for 46 years, and that Ada P. Bernard (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Reuben J. Gifford Signature

#705-12th Ave. So. Nampa, Idaho P. O. Address

Subscribed and sworn to before me this 14th day of January, 19 43

(SEAL) Ronald C. Potts Notary Public, residing at Nampa, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 19 1943 by Mark Heller, Registrar.

JAN 2 0 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

419 104016-759

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 364184
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Cassia (b) City Elba,
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 25 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Cassia.
(c) City Elba
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 25 yrs.

3. RESIDENCE OF FATHER (city, state) Elba, Ida.

4. FULL NAME OF CHILD Lorenzo Darrington

5. Date of Birth of Child (Month, day, year) Sept 4, 1896.

6. Sex Male

7. Twin or Triplet (If so—born 1st, 2nd, 3rd) no

8. No. months of Pregnancy 9

9. Legitimate? yes.

FATHER OF CHILD

10. **FULL NAME** John Darrington
11. Color or Race White
12. Age at time of THIS birth yrs.
13. Birthplace England Foreign, (City or town) (State or foreign country)
14. Exact Occupation Farmer & Stock Raiser
15. Industry or Business Farmer,

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Sarah Maiselle Perry
17. Color or Race White
18. Age at time of THIS birth 34 yrs.
19. Birthplace Perry, Utah State, (City or town) (State or foreign country)
20. Exact Occupation Farmer's wife,
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living 8

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Cassia } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the No Relation (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 63 years of age, that I have known this person for 43 years, and that Martha (First name) Parish (Last name), who attended this birth is Now deceased (Is now deceased) or (Cannot be located), I further state that the facts on the certificate above are true to the best of my knowledge and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this 14 day of January, 1943

(SEAL) Notary Public, residing at Malta, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 20 1943 by , Registrar.

JAN 21 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses ~~prescribed~~ in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

265-229-007 469

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 365263
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Blaine (b) City Ketchum
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at home.
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 12 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Blaine
(c) City Ketchum
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 12 yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Ollie Pearl Bonning

5. Date of Birth of Child (Month, day, year) Aug. 29 1896

6. Sex female

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** James Henry Bonning
11. Color or Race White
12. Age at time of THIS birth 40 yrs.
13. Birthplace England (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Ellen Morrell
17. Color or Race White
18. Age at time of THIS birth 29 yrs.
19. Birthplace Taylorville, Plumas County, Calif. (City or town) (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 9 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born (Born alive, stillborn) at 5:00 A.M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho } ss.
County of Blaine }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 76 years of age, that I have known this person for 47 years, and that Mrs. Newman (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located), I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Ella Bonning Signature
Hailey, Idaho P. O. Address

Subscribed and sworn to before me this 19 day of January, 1943.
(SEAL) R. N. McCoy Notary Public, residing at Hailey Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 20 1943 by Mabel K. Eddins, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 23 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

866-224036 769

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 365279
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Oneida (b) City Clifton
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Oneida
(c) City Clifton
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Leah Harriet Howell

5. Date of Birth of Child (Month, day, year) 24 JAN 1896

6. Sex female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** William Preston Howell
11. Color or Race white
12. Age at time of THIS birth 27 yrs.
13. Birthplace Oxford, Oneida County, Idaho (City or town) (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Suzanna Harriet Porter
17. Color or Race white
18. Age at time of THIS birth 26 yrs.
19. Birthplace Sub River, Utah (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Not Known
23. Number of children of this mother: (a) At time of birth and including this child two (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho } ss.
County of Bingham }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 72 years of age, that I have known this person for 1st 5 years, and that Susanna Howell (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Susanna Harriet Porter Howell Signature

Blackfoot, Idaho P. O. Address

Subscribed and sworn to before me this 22 day of January, 1943.

(SEAL) Notary Public, residing at Blackfoot, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 22 1943 by Mabel Keller, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 4 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

299 116022-713

365350

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County FREMONT (b) City LYMAN
   (c) [redacted] R.F.D. No. 1-THORNTON
   (d) Name of Hospital or Maternity Home:
   (e) Mother's stay **BEFORE** delivery: IN THIS county 13 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State IDAHO (b) County FREMONT
   (c) City LYMAN
   (d) [redacted] R.F.D. No. 1-THORNTON
   (e) How long has **MOTHER** lived in Idaho? 13 yrs.

3. **RESIDENCE OF FATHER** (city, state) SAME

4. **FULL NAME OF CHILD** EDWARD BRIGGS

5. Date of Birth of Child (Month, day, year) Oct. 16, 1896

6. Sex MALE

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Luke Briggs
11. Color or Race White
12. Age at time of THIS birth 33 yrs.
13. Birthplace Derbyshire (City or town), England (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Margaret A. GALBRAITH
17. Color or Race White
18. Age at time of THIS birth 19 yrs.
19. Birthplace Smithfield (City or town), Utah (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Franklin } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 65 years of age, that I have known this person for 46 years, and that Charlotte Gilchrist (First name) (Last name), who attended this birth is now dead (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Margaret An. Briggs Signature

438 West 21st St., Idaho Falls, Idaho. P. O. Address

Subscribed and sworn to before me this 22nd day of January, 19 43.

(SEAL) [signature] Notary Public, residing at Preston, Idaho.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated, 1932.)

Received for filing on JAN 26 1943 by [signature], Registrar.

JAN 2 8 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

415-108-036 165

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 365539
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Oneida (b) City Malad
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 5 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Oneida
(c) City Malad
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 51 yrs.

3. **RESIDENCE OF FATHER** (city, state) Malad, Idaho.

4. **FULL NAME OF CHILD** Arthur Joseph Davis

5. Date of Birth of Child (Month, day, year) Oct. 8, 1896

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes.

FATHER OF CHILD

10. **FULL NAME** Joseph Richard Davis
11. Color or Race white
12. Age at time of THIS birth 33 yrs.
13. Birthplace Salt Lake City, Utah. (City or town) (State or foreign country)
14. Exact Occupation laborer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Anna Louise Jones.
17. Color or Race White
18. Age at time of THIS birth 34 yrs.
19. Birthplace Salt Lake City, Utah. (City or town) (State or foreign country)
20. Exact Occupation House wife.
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Oneida } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 79 years of age, that I have known this person for 46 years, and that Mary (First name) Stuart (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

× Joseph R Davis Signature

Malad, City, Idaho P. O. Address

Subscribed and sworn to before me this 30th day of January, 1943

(SEAL)

Notary Public, residing at Malad Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 30 1943 by Mabel Peterson, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 3 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such ~~report may be~~ received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

165-720-013-695

365635

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Camas (b) City Soldier
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Private home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 10 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Camas
(c) City Soldier
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 10 yrs.

3. RESIDENCE OF FATHER (city, state) Soldier, Idal

4. FULL NAME OF CHILD Clifford Le Roy Jones

5. Date of Birth of Child (Month, day, year) March 20, 1896

6. Sex male **7.** Twin or Triplet no If so—born 1st, 2nd, 3rd **8.** No. months of Pregnancy 9 **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME James Lee Jones
11. Color or Race white **12.** Age at time of THIS birth 30 yrs.
13. Birthplace Quincy (City or town) Missouri (State or foreign country)
14. Exact Occupation Rancher
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Violet Isabelle Finch
17. Color or Race white **18.** Age at time of THIS birth 18 yrs.
19. Birthplace Goshen (City or town) Utah (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum 6

23. Number of children of this mother: (a) At time of birth and including this child 2nd (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as Grand Mother now deceased (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of California
County of Los Angeles } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 65 years of age, that I have known this person for 46 years, and that Ellen Finch (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Violet Isabel Stewart Signature

75 Eureka Street, Pasadena, California P. O. Address

Subscribed and sworn to before me this 2nd day of February, 1943

(SEAL) Chester R. Yule Notary Public, residing at Pasadena, Calif.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated) My Commission Expires Mar. 25, 1944

Received for filing on FEB- 8 1943 by Mary F Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 8 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living, or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

364 213 036-396

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 365660

Local Reg. No.

Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Oneida (b) City Franklin
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: At mothers Home
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county 1 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Oneida
   (c) City Franklin
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 1 yrs.

3. **RESIDENCE OF FATHER** (city, state) Idaho

4. **FULL NAME OF CHILD** Esther Pearl Comish

5. Date of Birth of Child (Month, day, year) Sept 13-1896

6. Sex Girl

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** John Alfred Comish
11. Color or Race White
12. Age at time of THIS birth yrs.
13. Birthplace (City or town) (State or foreign country)
14. Exact Occupation Laborer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Celestia Adalade Crockett
17. Color or Race White
18. Age at time of THIS birth 32 yrs.
19. Birthplace Logan (City or town) Utah (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Washington
County of Clark } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 56 years of age, that I have known this person for 46 years, and that name/not attendant known (First name) (Last name), who attended this birth ---- (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary Myrtle Jones Signature

Battle Ground, Wash-Star Route, Bx95 P. O. Address

Subscribed and sworn to before me this 11th day of December, 1942

(SEAL) J. V. Neville Notary Public, residing at Battle Ground Washington

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 8 1943 by Mark Hedges, Registrar.

FEB 9 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 365663
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Kootenai (b) City Sand Point
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 6 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Kootenai
(c) City Sand Point
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 6 yrs.

3. RESIDENCE OF FATHER (city, state) Idaho Sand Point

4. FULL NAME OF CHILD Charley Paul Sisson

5. Date of Birth of Child (Month, day, year) 6-24-1896

6. Sex Male **7.** Twin or Triplet **If so—born** 1st, 2nd, 3rd **8.** No. months of Pregnancy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME William Esery Sisson
11. Color or Race White **12.** Age at time of THIS birth 32 yrs.
13. Birthplace Mondovi (City or town) Wisconsin (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. FULL MAIDEN NAME Cora Mercy Butterfield
17. Color or Race White **18.** Age at time of THIS birth 28 yrs.
19. Birthplace Dunn Co (City or town) Wisconsin (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Home

22. Name prophylactic used to prevent Ophthalmia Neonatorum —
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at A.M. on the date and at the place stated above, and that personal particulars were furnished by Mae (First name) Adams (Last name), who is related to this child as Sister (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

State of California
County of San Diego } ss.

I, the undersigned, being first duly sworn, say that I am the Sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 53 years of age, that I have known this person for Since Birth years, and that Mrs (First name) Lahuget (Last name) Midwife who attended this birth is Deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Mae Adams Signature
1811 Granada St San Diego Cal P. O. Address

Subscribed and sworn to before me this 30th day of January, 19 43

My Commission Expires Aug. 4, 1946 (SEAL) Kathryn M. Redding Notary Public, residing at 1770 4th Ave. San Diego, Calif.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 8 1943 by FEB 8 1943 Registrar.

FEB 9 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

687-204037-719

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 365677
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Owyhee (b) City Silver
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county Owyhee years months 10 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Owyhee
(c) City Silver
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 45 yrs.

3. RESIDENCE OF FATHER (city, state) Silver Idaho

4. FULL NAME OF CHILD Rachael Lorena Whitney

5. Date of Birth of Child (Month, day, year) March 4, 1896

6. Sex Female **7.** Twin or Triplet No If so—born 1st, 2nd, 3rd **8.** No. months of Pregnancy 9 Mo **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Walter Hardin Whitney
11. Color or Race White **12.** Age at time of THIS birth 28 yrs.
13. Birthplace Linville (City or town) Iowa (State or foreign country)
14. Exact Occupation General Laborer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Julia Pearl Parrish
17. Color or Race white **18.** Age at time of THIS birth 24 yrs.
19. Birthplace Jefferson City (City or town) Oregon (State or foreign country)
20. Exact Occupation Home Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living Yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

State of Idaho
County of Ada } ss.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4 above, that I am now 72 years of age, that I have known this person for 46 years, and that Dr. Lippincott (First name) (Last name), who attended this birth now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

+ Julia P. Whitney Signature
180 Michigan Boise, Idaho P. O. Address

Subscribed and sworn to before me this 8th day of February, 19 43

(SEAL) Pauline Ambrose Notary Public, residing at Boise, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on 2/18/43 by Maud E Eddy, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 30 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

262-218 023819

365693

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 365693
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County GEM (b) City GROSS
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: MOTHERS RESIDENSE
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State IDAHO (b) County GEM
(c) City GROSS
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 10 yrs.

3. RESIDENCE OF FATHER (city, state) GROSS IDA

4. FULL NAME OF CHILD LULU ETHEL BOSTON

5. Date of Birth of Child (Month, day, year) 6-18-1896

6. Sex FEMALE **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnancy 9 **9.** Legitimate? YES

FATHER OF CHILD

10. FULL NAME WILLIAM HAYDEN BOSTON
11. Color or Race WHITE **12.** Age at time of THIS birth 38 yrs.
13. Birthplace KIRBYVILLE MO. (City or town) (State or foreign country)
14. Exact Occupation FARMER
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME MATTIE YARBER
17. Color or Race WHITE **18.** Age at time of THIS birth 25 yrs.
19. Birthplace WESTFALL OREG (City or town) (State or foreign country)
20. Exact Occupation HOUSEWIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ALIVE (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by MARY (First name) LOVELAND (Last name) who is related to this child as AUNT (Mother, etc.)

25. Attendant's **OWN** signature Annie Good Midwife Address Emmett Ida Date Feb 8 1943

State of
County of } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 11 1943 by Mary F Felger, Registrar.

FEB 11 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

9/7/10 008-319

365745

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

FEB 8 1943

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Boise (b) City Garden Valley
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Residence of Parents
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 27 years 6 months 0 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Boise
(c) City Garden Valley
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 27 yrs.

3. RESIDENCE OF FATHER (city, state) Garden Valley, Ida

4. FULL NAME OF CHILD George Micheal Zapp

5. Date of Birth of Child (Month, day, year) 4-10-1896

6. Sex male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 mo.

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Mathias Augustus Zapp
11. Color or Race White
12. Age at time of THIS birth 27 yrs.
13. Birthplace Idaho City, Idaho (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Annie Frances Carrigan
17. Color or Race White
18. Age at time of THIS birth 27 yrs.
19. Birthplace Granite Creek, Idaho (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Boise } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 74 years of age, that I have known this person for 46 years, and that Mrs. John McBride (First name) (Last name), nurse, who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Annie F. Zapp Signature
Idaho City Ida. P. O. Address

Subscribed and sworn to before me this 2nd day of February, 19 43

(SEAL)

Catherine M. Brogan Clerk Notary Public, residing at Idaho City Ida.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 8 1943 by Maud F. Eagle, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

SEP 7 1961

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

255727 030-715

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 365766
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Lemhi (b) City Salmon
(c) Street Address or R.F.D. No. none.
(d) Name of Hospital or Maternity Home: Private home.
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 9 years 2 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Lemhi
(c) City Carmen
(d) Street Address or R.F.D. No. none.
(e) How long has **MOTHER** lived in Idaho? 9 yrs.

3. RESIDENCE OF FATHER (city, state) Carmen Idaho

4. FULL NAME OF CHILD Thomas Richard Benedict.

5. Date of Birth of Child (Month, day, year) Nov. 27, 1896

6. Sex male **7.** Twin or Triplet no If so—born 1st, 2nd, 3rd **8.** No. months of Pregnancy 9 **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME Ernest Richard Benedict
11. Color or Race white **12.** Age at time of THIS birth 39 yrs.
13. Birthplace Winnebago Co. Illinois (City or town) (State or foreign country)
14. Exact Occupation Ranching
15. Industry or Business Cattle raising.

MOTHER OF CHILD

16. FULL MAIDEN NAME Jessie Palmer.
17. Color or Race white **18.** Age at time of THIS birth 24 yrs.
19. Birthplace Mineral Ridge, Ohio (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum none.

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 10

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

State of Idaho
County of Lemhi } ss.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 70 years of age, that I have known this person for 36 years, and that Ferdinand R. P. Benedict (First name) (Last name) who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Jessie Benedict Signature
Leadore Idaho P. O. Address

Subscribed and sworn to before me this 6 day of February, 1943

(SEAL) Mary V. Stone Notary Public, residing at Leadore Ida.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 10 1943 by ..... Registrar.

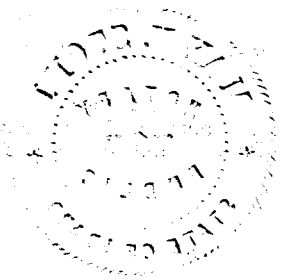
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 10 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



432-120029-665

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 365889
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Latah (b) City Gennesee
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: none
(e) Mother's stay **BEFORE** delivery: IN THIS county 9 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County ~~Gennesee~~ Latah
(c) City Gennesee
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 9 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Douglas Elmore McKenna,

5. Date of Birth of Child (Month, day, year) May 20, 1896.

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate?

FATHER OF CHILD

10. FULL NAME Elmore Allister McKenna.

11. Color or Race White.

12. Age at time of THIS birth 33 yrs.

13. Birthplace Kingston, Nova Scotia. (City or town) (State or foreign country)

14. Exact Occupation RailRoad Depot Agent.

15. Industry or Business Rail Road.

MOTHER OF CHILD

16. FULL MAIDEN NAME Nettie Isabelle Owen.

17. Color or Race White.

18. Age at time of THIS birth 24 yrs.

19. Birthplace Nebraska. U.S.A (City or town) (State or foreign country)

20. Exact Occupation Housewife.

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of WASHINGTON
County of PACIFIC } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above; that I am now 70 years of age, that I have known this person for 46 years, and that Doctor Harvey (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Nettie Isabelle McKenna Signature

P.O.Box 187, Retsil, Washington P. O. Address

Subscribed and sworn to before me this 9th day of September, 1942

(SEAL) Madeline D Kayler Notary Public, residing at Long Beach, Wash.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

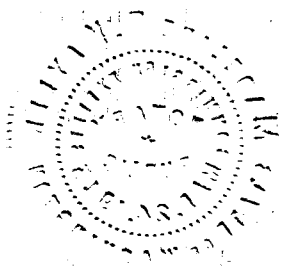
Received for filing on FEB 16 1943 by Lloyd F Elder, Registrar.

FEB 16 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



955-118-036-921

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 366049
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Oendia (b) City Malad RFD 1.
(c) Street Address or R.F.D. No. RFD 1
(d) Name of Hospital or Maternity Home: —
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 19 years 10 months 13 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Oneida
(c) City Malad
(d) Street Address or R.F.D. No. RFD 1
(e) How long has **MOTHER** lived in Idaho? 19 yrs.

3. RESIDENCE OF FATHER (city, state) Malad Idaho

4. FULL NAME OF CHILD William John Reed

5. Date of Birth of Child (Month, day, year) June 18, 1896

6. Sex Male

7. Twin or Triplet No If so—born 1st, 2nd, 3rd —

8. No. months of Pregnancy 9

9. Legitimate? Yes.

FATHER OF CHILD

10. FULL NAME John Thomas Reed
11. Color or Race white
12. Age at time of THIS birth 24 yrs.
13. Birthplace Willard (City or town) Utah U S A. (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming.

MOTHER OF CHILD

16. FULL MAIDEN NAME Mary Jane Isaacson
17. Color or Race white
18. Age at time of THIS birth 19 yrs.
19. Birthplace Malad Idaho RFD1 (City or town) USA. (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business "

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child None (b) Born alive and now living 8

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Oneida } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 66 years of age, that I have known this person for 46 years, and that Doctor (First name) Jones (Last name), who attended this birth is Now deceased. (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary Jane Isaacson Reed Signature

Malad, Idaho R F D 1. P. O. Address

Subscribed and sworn to before me this 15th day of November, 19 42

(SEAL) Edward Woolley. Notary Public, residing at Malad, Idaho

(Note: Perjury is punishable as a felony in Idaho, see Sec. 17-914, Idaho Code Annotated)

Received for filing on FEB 20 1943 by Mabel F Elder, Registrar.

FEB 22 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in ~~the Bureau of Vital Statistics for the purposes~~ and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

249-127.029-466

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 366057
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Latah (b) City
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 13 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Latah
(c) City
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 13 yrs.

3. RESIDENCE OF FATHER (city, state) Idaho

4. FULL NAME OF CHILD Walter Bryan Smith

5. Date of Birth of Child (Month, day, year) Aug. 27, 1896

6. Sex Male **7.** Twin or Triplet No If so—born 1st, 2nd, 3rd **8.** No. months of Pregnancy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Aaron Tuttle Smith
11. Color or Race White **12.** Age at time of THIS birth 41 yrs.
13. Birthplace Indiana (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. FULL MAIDEN NAME Hannah Eunice Moore
17. Color or Race White **18.** Age at time of THIS birth 25 yrs.
19. Birthplace Illinois (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Home

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Oregon
County of Yamhill } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 71½ years of age, that I have known this person for 46½ years, and that Dr. (First name) Wohlenberg (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

x Hannah Eunice Smith Signature

Newberg, Oregon P. O. Address

Subscribed and sworn to before me this 11th day of February, 19 43

(SEAL) Cecil F. Hinshaw Notary Public, residing at Newberg, Oregon

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code) My commission exp. 4/6/46.

Received for filing on FEB 20 1943 by Mary F Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 2 2 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

693-214007 389

366127

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Blaine (b) City Haley, Ida.
(c) Street Address or R.F.D. No. Post office
(d) Name of Hospital or Maternity Home: Birth occurred in farm home
(e) Mother's stay **BEFORE** delivery: IN THIS county 10 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Blane
(c) City Haley
(d) Street Address or R.F.D. No. Post Office
(e) How long has **MOTHER** lived in Idaho? 25 yrs.

3. **RESIDENCE OF FATHER** (city, state) Haley, Ida.

4. **FULL NAME OF CHILD** Cora Grace Wilson

5. Date of Birth of Child (Month, day, year) 5/14-1896

6. Sex female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** James Monroe Wilson
11. Color or Race White
12. Age at time of THIS birth 37 yrs.
13. Birthplace Sacremento, (City or town) California (State or foreign country)
14. Exact Occupation Rancher
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Susan Chriswell
17. Color or Race White
18. Age at time of THIS birth 27 yrs.
19. Birthplace Not known (City or town) Kansas (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Washington
County of Clark } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Brother (Mother, etc.) of the person whose name appears in Item 1, above, that I am now 53 years of age, that I have known this person for 47 years, and that Unknown (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature James M Wilson

3214 3204 Watson Ave. Vancouver, Wn. P. O. Address

Subscribed and sworn to before me this 16 day of February, 19 43

(SEAL) Notary Public, residing at Vancouver, Wn.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 23 1943 by Maud F Felder, Registrar.

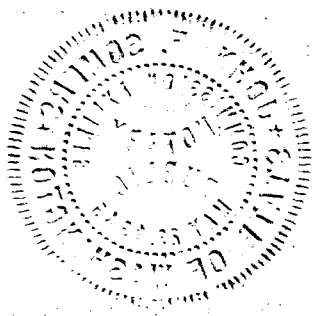
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 23 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



243-225029-693

366130

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Latah (b) City Princeton
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 6 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Princeton
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 6 yrs.

3. RESIDENCE OF FATHER (city, state) Princeton Idaho

4. FULL NAME OF CHILD Phyllis Gail Buchanan

5. Date of Birth of Child (Month, day, year) Jan. 25, 1896

6. Sex Female **7.** Twin or Triplet **If so—born** 1st, 2nd, 3rd **8.** No. months of Pregnancy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Duncan Buchanan
11. Color or Race White **12.** Age at time of THIS birth 30 yrs.
13. Birthplace Ontario (City or town) Canada (State or foreign country)
14. Exact Occupation Lumberman
15. Industry or Business Lumbering

MOTHER OF CHILD

16. FULL MAIDEN NAME Nettie Jane Wilton
17. Color or Race White **18.** Age at time of THIS birth 23 yrs.
19. Birthplace Iowa Falls (City or town) Iowa (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Latah } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Cousin (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 82 years of age, that I have known this person for 40 years, and that Elizabeth Tolton (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located), I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Christina B Hentzsch Signature
503 So Jefferson P. O. Address

Subscribed and sworn to before me this 16 day of February, 1943

(SEAL) E. S. Thompson Notary Public, residing at Moscow, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 23 1943 by Mary H Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 23 1943

MAY 27 1963

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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367141

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Shoshone (b) City Osburn
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Parents home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 6 years 6 months 6 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Shoshone
(c) City Osburn
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 6 yrs.

3. RESIDENCE OF FATHER (city, state) Osburn, Ida.

4. FULL NAME OF CHILD Anna Laura Prichard

5. Date of Birth of Child (Month, day, year) Nov. 27, 1896

6. Sex Female **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Floyd Mattson Prichard
11. Color or Race White **12.** Age at time of THIS birth 38 yrs.
13. Birthplace Fremont, Iowa (City or town) (State or foreign country)
14. Exact Occupation Miner
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Lula May Sisk
17. Color or Race White **18.** Age at time of THIS birth 21 yrs.
19. Birthplace Equality, Ill. (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum none

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (Born alive, stillborn) at 10 P M. on the date and at the place stated above, and that personal particulars were furnished by Lula Prichard (First name) (Last name), who is related to this child as mother (Mother, etc.)

25. Attendant's **OWN** signature Addie Burton Steele ~~M.D.~~ Midwife Address Pinehurst, Wash. Date Feb 16-1943

State of ..... } ss.
County of ..... }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

.....Signature

.....P. O. Address

Subscribed and sworn to before me this .....day of....., 19.....

(SEAL) .....Notary Public, residing at.....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 25 1943 by Mabel F Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 25 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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367190

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County BANNOCK (b) City POCATELLO
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: AT FAMILY HOME
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 2 years 4 months — days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State IDAHO (b) County BANNOCK
(c) City POCATELLO
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 2 yrs.

3. **RESIDENCE OF FATHER** (city, state) POCATELLO, IDA

4. **FULL NAME OF CHILD** JENNIE McTAGGART

5. Date of Birth of Child (Month, day, year) FEB. 8, 1896

6. Sex FEMALE

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? YES

FATHER OF CHILD

10. **FULL NAME** DANIEL BAXTER McTAGGART
11. Color or Race WHITE
12. Age at time of THIS birth 27 yrs.
13. Birthplace GRENOCK (City or town) SCOTLAND (State or foreign country)
14. Exact Occupation BLACKSMITH
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** MARY GANNON
17. Color or Race WHITE
18. Age at time of THIS birth 24 yrs.
19. Birthplace ST LOUIS (City or town) MISSOURI (State or foreign country)
20. Exact Occupation HOME MAKER
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum NONE
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife ..... Address ..... Date .....

State of California
City and County of San Francisco } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the MOTHER (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 70 years of age, that I have known this person for 47 years, and that MRS JOHN McMILLAN (First name) (Last name), who attended this birth is DECEASED (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Mary G. McTaggart Signature

2535 McAllister St., San Francisco P. O. Address

Subscribed and sworn to before me this 18th day of February, 1943

(SEAL) Lindsay B. Trimble Notary Public, residing at San Francisco

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 25 1943 by Mary Field, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 17 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such ~~report may be received and filed by the~~ local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

414-125008-248

367196

367196

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Boise (b) City Idaho City
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: At Home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Boise
   (c) City Idaho City
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 38 yrs.

3. **RESIDENCE OF FATHER** (city, state) Idaho City Idaho.

4. **FULL NAME OF CHILD** Wilbur Lewis Mautz

5. Date of Birth of Child (Month, day, year) Dec. 25, 1896

6. Sex male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 mo.

9. Legitimate? yes.

FATHER OF CHILD

10. **FULL NAME** Julius Emele Mautz.
11. Color or Race white
12. Age at time of THIS birth 32 yrs.
13. Birthplace Besancon France (City or town) (State or foreign country)
14. Exact Occupation Blacksmith
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Anna Elizabeth Suhlsen
17. Color or Race white
18. Age at time of THIS birth 31 yrs.
19. Birthplace Idaho City (City or town) Idaho. (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum none

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living yes. 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Ada } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the SISTER (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 53 years of age, that I have known this person for 46 years, and that MRS WARREN (First name) TAYLOR (Last name), who attended this birth CANNOT BE LOCATED (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Sann Charturd Signature

P. O. Address

Subscribed and sworn to before me this 26 day of February, 1943

(SEAL) W Holden, Notary Public, residing at Boise Ida

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 26 1943 by Mary H Holden, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

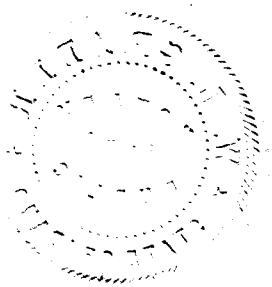
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DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



955-117016-249

367262

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 367262
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Cassie (b) City Albion
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 1 years 6 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Cassie
   (c) City Albion
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 1½ yrs yrs.

3. **RESIDENCE OF FATHER** (city, state) Albion, Idaho

4. **FULL NAME OF CHILD** ROBERT BRYAN REED

5. Date of Birth of Child (Month, day, year) Apr. 17, 1896

6. Sex male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** CHARLES H. REED
11. Color or Race white
12. Age at time of THIS birth 37 yrs.
13. Birthplace Kentucky (City or town) (State or foreign country)
14. Exact Occupation Printer
15. Industry or Business Printing

MOTHER OF CHILD

16. **FULL MAIDEN NAME** GLORIA FLORA DALE SMITH
17. Color or Race white
18. Age at time of THIS birth 20 yrs.
19. Birthplace Lexington, Kentucky (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child two (b) Born alive and now living two

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended ~~the birth of this~~ child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

State of California
County of Los Angeles } ss.

I, the undersigned, being first duly sworn, say that I am the MOTHER (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 66 years of age, that I have known this person for all his life years, and that Dr. (First name) Story (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Flora Reed Roberts Signature

843 E. 82nd. St. P. O. Address

Subscribed and sworn to before me this 15th day of March, 1943 Los Angeles, California, 19

(SEAL) Jeanne Hargrove NOTARY PUBLIC in and for the County of Los Angeles, State of California residing at Los Angeles, California

My Commission Expires May 29, 1945

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17914, Idaho Code Annotated.)

Received for filing on MAR 17 1943 by Mabel H. Taylor, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 17 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth ~~which has occurred subsequent~~ to ~~such date, such report may be received and~~ filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending ~~physician or mid~~wife, or by Affidavits of the father or mother ~~of~~ the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

962-204 006 132

367315

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bingham (b) City S Shelley
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 3 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bingham
(c) City S Shelley
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 19 yrs.

3. RESIDENCE OF FATHER (city, state) Shelley Idaho

4. FULL NAME OF CHILD Clara Malissa Robertson

5. Date of Birth of Child (Month, day, year) Feb. 24 1896

6. Sex Female **7.** Twin or Triplet **If so—born** 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME Nephi J. Robertson
11. Color or Race White **12.** Age at time of THIS birth 27 yrs.
13. Birthplace Fountaingreen (City or town) Utah (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Albertina Alberton
17. Color or Race White **18.** Age at time of THIS birth 20 yrs.
19. Birthplace Hyrum (City or town) Utah (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho } ss.
County of Binghamm }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 66 years of age, that I have known this person for 46 years, and that Christine Hurlbut (First name) (Last name), who attended this birth is deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Albertina Robertson Jensen Signature
Shelley Idaho P. O. Address

Subscribed and sworn to before me this 23rd day of February, 1943
(SEAL) [illegible] Notary Public, residing at Shelley Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 26 1943 by Mavel Fielder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 26 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

519 212022-689

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 367339
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Freemont (b) City Chapin
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Residence
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Freemont
(c) City Chapin
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? One yrs.

3. RESIDENCE OF FATHER (city, state) Chapin Ida.

4. FULL NAME OF CHILD Cora Loemma Vail

5. Date of Birth of Child (Month, day, year) March 12th 1896

6. Sex Female **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnancy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME John Riley Vail
11. Color or Race white **12.** Age at time of THIS birth 32 yrs.
13. Birthplace Franklin Idaho (City or town) (State or foreign country)
14. Exact Occupation Carpenter
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Alice White
17. Color or Race white **18.** Age at time of THIS birth 32 yrs.
19. Birthplace Midway Utah (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Utah
County of Tooele } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mrs Alice White Vail (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 78 years of age, that I have known this person for 46 years, and that Mrs (First name) Drake (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Alice White Vail Signature
Grantsville, Utah. P. O. Address

Subscribed and sworn to before me this 20 day of February, 1943.
(SEAL) Hilda Ericksen Notary Public, residing at Grantsville Utah
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 26 1943 by Carl F Eldredge, Registrar.

FEB 27 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



632-224036 249

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 367340
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Oneida (b) City Weston
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Oneida
(c) City Weston
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Agnes Arilla Olsen

5. Date of Birth of Child (Month, day, year) July 24 1895

6. Sex Female **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnancy 9 **9.** Legitimate Yes

FATHER OF CHILD

10. FULL NAME Joseph Olsen
11. Color or Race white **12.** Age at time of THIS birth 28 yrs.
13. Birthplace Logan (City or town) Utah (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Loretta Smith
17. Color or Race white **18.** Age at time of THIS birth 18 yrs.
19. Birthplace Harrisvill (City or town) Utah (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Alive (Born alive, stillborn) at 4: P. M. on the date and at the place stated above, and that personal particulars were furnished by Loretta Olsen (First name) (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of California
County of Alameda } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 65 years of age, that I have known this person for 46 years, and that Mariah (First name) Maughan (Last name), who attended this birth IS NOW deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Loretta Smith Olsen Signature

P. O. Address

Subscribed and sworn to before me this 22 day of January, 1943

(SEAL) R W Shells Notary Public, residing at Hayward Cal.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

NOTARY PUBLIC
IN AND FOR THE COUNTY OF ALAMEDA, STATE OF CALIFORNIA

Received for filing on FEB 26 1943 by Mary F Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 27 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

465-230 036-666

367423

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Oneida, (b) City Malad
(c) Street Address or R.F.D. No. 1
(d) Name of Hospital or Maternity Home: None
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Oneida.
(c) City Malad
(d) Street Address or R.F.D. No. R.F.D.#1
(e) How long has **MOTHER** lived in Idaho? 24 yrs.

3. RESIDENCE OF FATHER (city, state) Malad, Idaho.

4. FULL NAME OF CHILD Matilda Monson

5. Date of Birth of Child (Month, day, year) July, 30. 1896

6. Sex Female **7.** Twin or Triplet no **If so—born** 1st, 2nd, 3rd **8.** No. months of Pregnancy 9 **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME Edward Monson
11. Color or Race White **12.** Age at time of THIS birth 31 yrs.
13. Birthplace Hyrum Utah (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business none

MOTHER OF CHILD

16. FULL MAIDEN NAME Lucy Woozley
17. Color or Race White **18.** Age at time of THIS birth 27 yrs.
19. Birthplace Wales. (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business none

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho, County of Bannock, } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 77 years of age, that I have known this person for all her life / over 46 years, and that Mrs. Mary A. Dudley (midwife), who attended this birth is now deceased, (First name) (Last name) (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Witnesses to mark: Alex Monson, Geo. Bailey

his mark
Edward Edward Francis Monson Signature

646 West Sherman St., Pocatello, Idaho. P. O. Address

Both witnesses reside at Pocatello, Idaho.

Subscribed and sworn to before me this 12th day of February, 19 43.

(SEAL) Notary Public, residing at Pocatello, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated)

Received for filing on MAR 2 - 1943 by , Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 2 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

155-209-036-866

367665

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Oneida (b) City Weston
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: At home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 16 years 5 months 11 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Oneida
   (c) City Weston
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 17 yrs.

3. **RESIDENCE OF FATHER** (city, state) Weston, Idaho

4. **FULL NAME OF CHILD** Sylvia Elvira Jensen

5. Date of Birth of Child (Month, day, year) Aug. 9. 1896

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Lorenzo Jensen
11. Color or Race White
12. Age at time of THIS birth 22 yrs.
13. Birthplace Weston (City or town) Idaho (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Emily Elvira Hoopes
17. Color or Race White
18. Age at time of THIS birth 17 yrs.
19. Birthplace Weston (City or town) Idaho (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living Yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. / Midwife — Address — Date

State of Idaho } ss.
County of Franklin }

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 69 years of age, that I have known this person for 47 years, and that Elizabeth (First name) Clarke (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Lorenzo Jensen — Signature
Rexburg Idaho — P. O. Address

Subscribed and sworn to before me this 8th day of March, 1943

(SEAL)

J. W. Smith, Notary Public, residing at Rexburg Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 11 1943 by Mary F Elder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 1 1 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

553-11-8-010-851

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 367879
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bonneville (b) City Idaho Falls
(c) Street Address or R.F.D. No. R*D
(d) Name of Hospital or Maternity Home: Nc
(e) Mother's stay **BEFORE** delivery: IN **THIS** county ____ years ____ months ____ days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bonneville
(c) City Idaho Falls, Bonneville Co.
(d) Street Address or R.F.D. No. RFD
(e) How long has **MOTHER** lived in Idaho? Lifetime s.

3. RESIDENCE OF FATHER (city, state) Same

4. FULL NAME OF CHILD Robert Emery Nelson.

5. Date of Birth of Child (Month, day, year) Mar. 18, 1896

6. Sex Male

7. Twin or Triplet no If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy ?

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Robert Benjamin Nelson

11. Color or Race White **12.** Age at time of THIS birth ____ yrs.

13. Birthplace St. Jo. (City or town) Me. (State or foreign country)

14. Exact Occupation Farmer and Carpenter

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Annie Marie Heath Nelson

17. Color or Race White **18.** Age at time of THIS birth ____ yrs.

19. Birthplace Idaho Falls, (City or town) Idaho (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 11:30 P.M. on the date and at the place stated above, and that personal particulars were furnished by Martha Nelson Miller (First name) (Last name), who is related to this child as Sister. (Mother, etc.) Midwife present was Mrs. Elnsworth. (Ammon, Idaho

25. Attendant's **OWN** signature ____ M.D. Midwife Address ____ Date ____

State of Utah
County of Weber } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 53 years of age, that I have known this person for 47 years, and that Mrs Elnsworth. Ammon, Idaho (First name) (Last name) who attended this birth cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Martha Nelson Miller — Signature

2554 Jefferson Avenue, Ogden, Utah. P. O. Address

Subscribed and sworn to before me this 27th day of February, 1943

(SEAL) Olin A. Kennedy Notary Public, residing at Ogden, Utah

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 12 1943 by Mary Felder, Registrar.

MAR 1 2 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

745-102-004386

367806

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bear Lake (b) City Bloomington
(c) Street Address or R.F.D. No. Non
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 27 years 4 months 3 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State (b) County
(c) City
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Russell Greenhalgh

5. Date of Birth of Child (Month, day, year) Feb 2 - 1896

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Franklin Greenhalgh
11. Color or Race White
12. Age at time of THIS birth 29 yrs.
13. Birthplace Bloomington Idaho (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farmer cattle raising

MOTHER OF CHILD

16. FULL MAIDEN NAME Francis Amelia Thomas
17. Color or Race White
18. Age at time of THIS birth 27 yrs.
19. Birthplace Bloomington Idaho (City or town) (State or foreign country)
20. Exact Occupation Farmer Wife
21. Industry or Business " "

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Alive (Born alive, stillborn) at 11 P. M. on the date and at the place stated above, and that personal particulars were furnished by Franklin Greenhalgh (First name) (Last name), who is related to this child as Father (Mother, etc)

25. Attendant's **OWN** signature Franklin Greenhalgh M.D. Midwife Address Box Dead Sarah Greenhalgh Date

State of Utah
County of Box Elder } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 72 years of age, that I have known this person for 47 years, and that Sarah Greenhalgh (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Frank Greenhalgh Signature

22 So. 4th East St. Brigham, Utah P. O. Address

Subscribed and sworn to before me this 27th day of February, 19 43

(SEAL) J. E. Baird Notary Public, residing at Brigham, Utah

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 17 1943 by Mary F. Lee, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 17 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

643-202-025-433

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 369109
Local Reg. No.
Reg. Dist. No.

MAR 25 1943

1. **PLACE OF BIRTH:**
(a) County Idaho (b) City Mt. Idaho
(c) Street Address or R F D No. none
(d) Name of Hospital or Maternity Home: born at home
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
In **THIS** county ..... years 15 months 2 days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Idaho
(c) City Mt. Idaho
(d) Street Address or R.F.D. No. none
(e) How long has **MOTHER** lived in Idaho? 15 yrs.
(f) Mother's mailing address Mt. Idaho, Idaho
3. **RESIDENCE OF FATHER** (city, state) Mt. Idaho, Id

4. **FULL NAME OF CHILD** Margaret Odle
5. Date of Birth (Month, day, year) Oct. 2, 1896
6. Sex female
7. Twin or Triplet no
If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** George Ransom Odle
11. Color or Race white
12. Age at time of THIS birth 34 yrs.
13. Birthplace Wilbur (City or town), Oregon (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Julia Skelton McCready
17. Color or Race white
18. Age at time of THIS birth 28 years
19. Birthplace Mariposa (City or town), California (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2 (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) MAR 26 1943 (Date received) (b) Maud H. Edes (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. or ..... (D.O., Midwife, etc.)
and address ..... Date

27. Given name added on ..... by ..... (Registrar's signature)

State of Washington }
County of Asotin } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Julia McCready Odle, being first duly sworn, say that I am / ~~XXXXXXXXXXXXXXXX~~ related to (Related to (or) acquainted with) Margaret Odle (Name of person on certificate above) as her mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Bibby (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Julia McCready Odle Name

Clarkston, Washington P. O. Address

Subscribed and sworn to before me on this 14th day of August, 1942.

(SEAL) ..... Notary Public, residing at Clarkston, Wash.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 26 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such ~~report may be received~~ and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DELAYED

389-121-022-253

369133

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 369133
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Fremont (b) City Kilgore
   (c) Street Address or R.F.D. No. —
   (d) Name of Hospital or Maternity Home: Ranch Home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 2 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Fremont
   (c) City Kilgore
   (d) Street Address or R.F.D. No. —
   (e) How long has **MOTHER** lived in Idaho? 17 yrs.

3. **RESIDENCE OF FATHER** (city, state) Kilgore, Idaho

4. **FULL NAME OF CHILD** Albert Hans Christiansen

5. Date of Birth of Child (Month, day, year) June 21-1896

6. Sex Male

7. Twin or Triplet X

If so—born 1st, 2nd, 3rd X

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Niels Peter Christiansen
11. Color or Race White
12. Age at time of THIS birth 24 yrs.
13. Birthplace Svinninge (City or town) Denmark (State or foreign country)
14. Exact Occupation Rancher
15. Industry or Business same

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Christine Caroline Kabaun
17. Color or Race White
18. Age at time of THIS birth 17 yrs.
19. Birthplace Elsinore (City or town) Utah (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business home

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child One (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name), who is related as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

State of Montana } ss.
County of Beaverhead }

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 64 years of age, that I have known this person for 47 years, and that ____ (First name) ____ (Last name), who attended this birth ____ (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

x Christine Caroline Christiansen Signature

Dillon, Montana P. O. Address

Subscribed and sworn to before me this 27th day of March, 1943.

(SEAL)

J. M. Stone, Notary Public, residing at Dillon, Montana

(Note: Perjury is punishable as a felony. [illegible] Sec. [illegible] Idaho Code Annotated.)

NOTARIAL PUBLIC for the State of Montana
Residing at Dillon, Montana
My Commission Expires June 30, 1944

Received for filing on ____ by ____, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

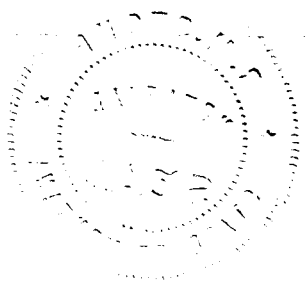
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MAR 29 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



384-204-044-259

369148

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 369148
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Washington (b) City Midvale
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: Home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 20 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Washington
   (c) City Midvale
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 20 yrs.

3. **RESIDENCE OF FATHER** (city, state) Midvale Idaho

4. **FULL NAME OF CHILD** Maggie Lydston

5. Date of Birth of Child (Month, day, year) Sept. 4 1896

6. Sex

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** Charles Sylvester Lydston
11. Color or Race white
12. Age at time of THIS birth 29 yrs.
13. Birthplace Fannan (City or town) County Texas (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Florence Milton Keithly
17. Color or Race white
18. Age at time of THIS birth 25 yrs.
19. Birthplace Sullivan (City or town) County Mo. (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. / Midwife — Address — Date

AFFIDAVIT

State of Idaho
County of Washington } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 71 years of age, that I have known this person for 46 years, and that Jane Lydston (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Florence Milton Lydston (Mrs. Chas.) Signature

Midvale Idaho P. O. Address

Subscribed and sworn to before me this 24 day of March, 19 1943

(SEAL) E. N. Gaulding, Notary Public, residing at Midvale Ida.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17914, Idaho Code Annotated.)

Received for filing on APR 2 1943 by Mary E. Elder, Registrar.

APR 3 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

386-124-001-343

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 369177

Local Reg. No.

Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Ada (b) City Borse
   (c) Street Address or R.F.D. No. 12th Sherman
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 5 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Ada
   (c) City Boise
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 37 yrs.

3. **RESIDENCE OF FATHER** (city, state) Boise, Idaho

4. **FULL NAME OF CHILD** Glenn Walter Thompson

5. Date of Birth of Child (Month, day, year) March 24 1896

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? Yes.

FATHER OF CHILD

10. **FULL NAME** William H Thompson
11. Color or Race White
12. Age at time of THIS birth 36 yrs.
13. Birthplace Barton (City or town) Wis. (State or foreign country)
14. Exact Occupation Farmer & Contractor
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Emma E Culver
17. Color or Race White
18. Age at time of THIS birth 30 yrs.
19. Birthplace Mazomaine (City or town) Wis. (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho } ss.
County of Ada }

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 83 years of age, that I have known this person for 47 years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

William H Thompson Signature

P. O. Address

Subscribed and sworn to before me this 6th day of April, 1943.

(SEAL) L D Gardner, Notary Public, residing at Boise.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 10 1943 by Mark H Elder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 8 1965
JUL 8 1965

APR 10 1943

APR 6 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

231-104-001-413

369197 369197

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 369197
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Ada, (b) City Boise.
   (c) Street Address or R.F.D. No. Dry creek.
   (d) Name of Hospital or Maternity Home: Home.
   (e) Mothers stay **BEFORE** delivery: In **THIS** county ____ years ____ months ____ days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho. (b) County Ada.
   (c) City Boise.
   (d) Street Address or R.F.D. No. Dry Creek.
   (e) How long has **MOTHER** lived in Idaho? 17 yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Albert Ernest Stanton.

5. Date of Birth of Child (Month, day, year) July 4. 1896

6. Sex Male.

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** Charles Albert Stanton

11. Color or Race White

12. Age at time of THIS birth 34 yrs.

13. Birthplace Battle creek, Mich. (City or town) (State or foreign country)

14. Exact Occupation Farmer.

15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Ann Daly.

17. Color or Race White

18. Age at time of THIS birth 29 yrs.

19. Birthplace Putman County, Missouri. (City or town) (State or foreign country)

20. Exact Occupation Housewife.

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 3. (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name), who is related as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

State of Idaho
County of Ada } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Aunt (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 69 years of age, that I have known this person for 46 years, and that Margaret Daly (First name) (Last name), who attended this birth is now deceased. (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Lucy Colvina Imarlatt Signature

Route 3, Boise, Idaho P. O. Address

Subscribed and sworn to before me this 16th day of April, 1943.

(SEAL) Wm. L. Dunn Notary Public, residing at Boise, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 16 1943 by Mary F Elder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 16 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Gaston Fator 3996 So Vermont Los Angeles Cal.

United States 613-112-007 (Be sure the information is as of date of birth of THIS child) State File No. 369258
Department of Commerce 719 **CERTIFICATE OF BIRTH** Local Reg. No.
Bureau of the Census STATE OF IDAHO Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County BLAIN (b) City PICABO
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: **IN THIS** county 19 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State IDAHO (b) County BLAINE
(c) City PICABO
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 19 yrs.

3. **RESIDENCE OF FATHER** (city, state) PICABO IDAHO

4. **FULL NAME OF CHILD** GASTON FREDRICK FATOR

5. Date of Birth of Child (Month, day, year) 5-12-1896

6. Sex MALE 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy 9 MO 9. Legitimate? YES

FATHER OF CHILD W

10. **FULL NAME** FREDRICK FATOR
11. Color or Race WHITE 12. Age at time of THIS birth 24 yrs.
13. Birthplace BALTIMORE (City or town) Md. (State or foreign country)
14. Exact Occupation MUSIC (TEACHING)
15. Industry or Business MUSIC

MOTHER OF CHILD

16. **FULL MAIDEN NAME** SYLVIA JULIA PARKE
17. Color or Race WHITE 18. Age at time of THIS birth 20 yrs.
19. Birthplace CASUA (City or town) Co. UTAH (State or foreign country)
20. Exact Occupation HOUSE WIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum NONE
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living YES

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of CALIFORNIA
County of LOS ANGELES } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 69 years of age, that I have known this person for 46 years, and that Dr (First name) NURSE (Last name), who attended this birth IS NOW DECEASED (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Fred W Fator Signature

J. W. SNYDER, Notary Public P. O. Address
My Commission expires Sept. 15, 1943
Subscribed and sworn to before me this 24 day of Mch 1943
(SEAL) J W Snyder Notary Public, residing at L A Cal.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 31 1943 by Mary E Eldredge, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 2 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

955-228-004-543

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 369269
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bear Lake (b) City Paris
   (c) Street Address or R.F.D. No. —
   (d) Name of Hospital or Maternity Home: Born at Home.
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 8 years — months — days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bear Lake.
   (c) City Paris
   (d) Street Address or R.F.D. No. —
   (e) How long has **MOTHER** lived in Idaho? 9 yrs.

3. **RESIDENCE OF FATHER** (city, state) Paris, Idaho.

4. **FULL NAME OF CHILD** Mary Elaine Innes

5. Date of Birth of Child (Month, day, year) March 28, 1896.

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** James Benjamin Innes
11. Color or Race White
12. Age at time of THIS birth 33 yrs.
13. Birthplace Ogden (City or town) Utah (State or foreign country)
14. Exact Occupation Farmer & Stock Raiser
15. Industry or Business ✓

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ada Nutt
17. Color or Race White
18. Age at time of THIS birth 26 yrs.
19. Birthplace Leicester (City or town) Leicestershire England (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Same.

22. Name prophylactic used to prevent Ophthalmia Neonatorum Boric acid
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (Born alive, stillborn) at — M. on the date and at the place stated above, and that personal particulars were furnished by Ada (First name) Innes (Last name), who is related as mother (Mother, etc.)

25. Attendant's **OWN** signature Deceased. ~~M.D.~~ Midwife ✓ Address Date

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

State of ... } ss.
County of ... }

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 72 years of age, that I have known this person for 46 years, and that Emmaline (First name) Rich (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

× Ada Innes Signature
× 721 So. 2nd W. Provo, Utah P. O. Address

Subscribed and sworn to before me this 20 day of March, 19 43

(SEAL)

Stephens Seal, Notary Public, residing at Provo Utah

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) Commission expires 12-3-45

Received for filing on MAR 31 1943 by Mark H Elder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 2 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

249-184032-255

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 369344
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Lincoln (b) City Shoshone
(c) Street Address or R.F.D. No. General Delivery
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Lincoln
(c) City Shoshone
(d) Street Address or R.F.D. No. —
(e) How long has **MOTHER** lived in Idaho? One yrs.

3. RESIDENCE OF FATHER (city, state) Shoshone, Idaho

4. FULL NAME OF CHILD Benjamin Harvey Burgess

5. Date of Birth of Child (Month, day, year) 8-14-96

6. Sex Male **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnancy Nine **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Charles Alyea Burgess

11. Color or Race White **12.** Age at time of THIS birth 29 yrs.

13. Birthplace Des Moines, Iowa (City or town) (State or foreign country)

14. Exact Occupation Drayman

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Carrie Edna Kenaston

17. Color or Race White **18.** Age at time of THIS birth 22 yrs.

19. Birthplace Red Cloud, Nebraska (City or town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Bannock } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now sixty-nine years of age, that I have known this person for 46 years, and that Mrs. O'Connor (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Carrie Edna Burgess Signature

Shoshone, Idaho P. O. Address

Subscribed and sworn to before me this 18th day of March, 1943.

(SEAL) James McCullen Notary Public, residing at Pocatello, Idaho.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 2 1943 by Mary F. Eldridge Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

S b 8 1 L D

APR 5 . 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

255-209-004-562

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 369368
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bear Lake (b) City Dingle
(c) Street Address or R.F.D. No. Gen. Delivery
(d) Name of Hospital or Maternity Home: At Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 9 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bear Lake
(c) City Dingle
(d) Street Address or R.F.D. No. Gen. Delivery
(e) How long has **MOTHER** lived in Idaho? 9 yrs.

3. RESIDENCE OF FATHER (city, state) Same

4. FULL NAME OF CHILD Gwendolyn Arthell Kent

5. Date of Birth of Child (Month, day, year) Sept. 9th, '96

6. Sex Female

7. Twin or Triplet Single If so—born 1st, 2nd, 3rd Nine

8. No. months of Pregnancy Nine

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Charles Edward Kent
11. Color or Race white
12. Age at time of THIS birth 38 yrs.
13. Birthplace Centerville, Utah (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Susan Vilate Noble
17. Color or Race white
18. Age at time of THIS birth 38 yrs.
19. Birthplace Woods Cross, Utah (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum none
23. Number of children of this mother: (a) At time of birth and including this child 10 (b) Born alive and now living 10

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at 11:30A M. on the date and at the place stated above, and that personal particulars were furnished by Nina Kent Evans (First name) (Last name), who is related to this child as Sister (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of
County of } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 61 years of age, that I have known this person for 46 years, and that Mrs Bridges (First name) (Last name), who attended this birth Deceased (~~Is now~~ deceased) or (~~Cannot be located~~). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

MY COMMISSION EXPIRES FEB. 1947

Nina Kent Evans Signature

791 Main St Stamford Conn. P. O. Address

Subscribed and sworn to before me this 23rd day of March 19 43

(SEAL) Margaret R. Donahue Notary Public, residing at Stamford, Ct.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 2 1943 by Mary E. Ryder, Registrar.

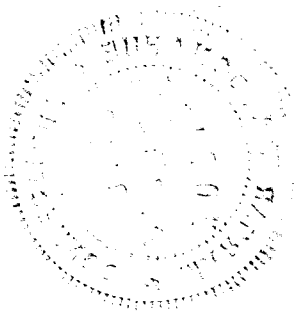
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APR 5 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



318-126-016-449

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 369445
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Cassia (b) City Almo
(c) Street Address or R.F.D. No. —
(d) Name of Hospital or Maternity Home: None
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Cassia
(c) City Almo
(d) Street Address or R.F.D. No. None
(e) How long has **MOTHER** lived in Idaho? 61 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Arthur Reynolds Taylor

5. Date of Birth of Child (Month, day, year) Nov. 26-1896

6. Sex Male

7. Twin or Triplet —

If so—born 1st, 2nd, 3rd —

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Herman Heldeman Taylor
11. Color or Race White
12. Age at time of THIS birth 27 yrs.
13. Birthplace Blue Creek, Utah (City or town) (State or foreign country)
14. Exact Occupation
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Sarah Ellen Dunfee
17. Color or Race White
18. Age at time of THIS birth 18 yrs.
19. Birthplace Beaver Dam Utah (City or town) (State or foreign country)
20. Exact Occupation Home Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Mary Lowe Date Dead

State of
County of } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 64 years of age, that I have known this person for 45 years, and that Mary (First name) Lowe (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Sarah Ellen Dunfee Taylor Signature

Almo, Idaho P. O. Address

Subscribed and sworn to before me this 17 day of February 19 43

(SEAL) Nancy H Lurker Notary Public, residing at Burley, Ida.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 8 1943 by Mary F Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 8 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

261-21-10 03-235

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 369497
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bannock (b) City Pocatello
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 9 years 1 months 4 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City Pocatello
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 9 yrs.

3. RESIDENCE OF FATHER (city, state) Same

4. FULL NAME OF CHILD Effie Idaho Swanson

5. Date of Birth of Child (Month, day, year) Dec. 19, 1896

6. Sex F. **7.** Twin or Triplet **If so—born** 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Theodore Swanson
11. Color or Race White **12.** Age at time of THIS birth 37 yrs.
13. Birthplace Lowbridge (City or town) Sweden (State or foreign country)
14. Exact Occupation Passenger conductor O.S.P.
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Effie Ann Stephenson
17. Color or Race White **18.** Age at time of THIS birth 37 yrs.
19. Birthplace Lowbridge (City or town) Iowa (State or foreign country)
20. Exact Occupation
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at 9 a. M. on the date and at the place stated above, and that personal particulars were furnished by Effie Swanson (First name) (Last name), who is related to this child as mother (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho } ss.
County of }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 73 years of age, that I have known this person for 45 years, and that Mrs. Agnes McMillan (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located), I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Effie Ann Swanson Signature
365 South Garfield St. P. O. Address

Subscribed and sworn to before me this 8th day of August, 1942 Pocatello Ida.

(SEAL) C. A. Smoot Notary Public, residing at Aberdeen, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 14 1943 by Maud E. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

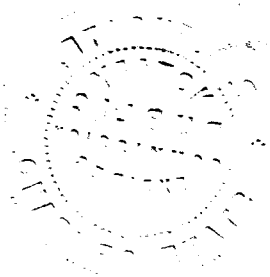
APR 14 1943

OCT 31 1958

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



631-113-003-445

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 369519
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bannock (b) City Pocatella
   (c) Street Address or R.F.D. No. Cleveland Ave.
   (d) Name of Hospital or Maternity Home: None, birth occured at parents residence
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years 4 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bannock
   (c) City Pocatella
   (d) Street Address or R.F.D. No. Cleveland Ave.
   (e) How long has **MOTHER** lived in Idaho? 4 mos. xx

3. **RESIDENCE OF FATHER** (city, state) Pocatella, Idaho

4. **FULL NAME OF CHILD** Donald Ivan John Flanagan

5. Date of Birth of Child (Month, day, year) Nov. 13, 1896

6. Sex Male

7. Twin or Triplet No If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 mos.

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Thomas Aloysus Flanagan
11. Color or Race White
12. Age at time of THIS birth 29 yrs.
13. Birthplace Backenburg (City or town) Ohio (State or foreign country)
14. Exact Occupation Boilermaker for Oregon Short Line RR
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Julia Florence Dunivin
17. Color or Race White
18. Age at time of THIS birth 26 yrs.
19. Birthplace Rolla (City or town) Missouri (State or foreign country)
20. Exact Occupation Housewife, previously teacher
21. Industry or Business Rolla, Mo., Public School

22. Name prophylactic used to prevent Ophthalmia Neonatorum Unknown
23. Number of children of this mother: (a) At time of birth and including this child one (b) Born alive and now living Yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ (Born alive, stillborn) at _____ M. on the date and at the place stated above, and that personal particulars were furnished by _____ (First name) _____ (Last name), who is related as _____ (Mother, etc.)

25. Attendant's **OWN** signature _____ M.D. Midwife _____ Address _____ Date _____

AFFIDAVIT

State of Missouri
County of Greene } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 72 years of age, that I have known this person for 46 years, and that Dr. (First name) Bean (Last name), who attended this birth is deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

x Mrs. T. A. Flanagan Signature

629 Cherry St., Springfield, Mo. P. O. Address

Subscribed and sworn to before me this 29th day of March, 1943.

(SEAL) Margaret I. Holliday, Notary Public, residing at Springfield Missouri

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

My com. expires Apr. 6, 1944

Received for filing on APR 14 1943 by _____, Registrar.

APR 14 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, ~~or in case of failure to report any birth~~ which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

216-217-010-466

369600

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 369600
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bonneville (b) City Idaho Falls
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 6 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bonneville
   (c) City Idaho Falls
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 14 yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Hazel Sawyer

5. Date of Birth of Child (Month, day, year) April 17, 1896

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** James H. Sawyer
11. Color or Race white
12. Age at time of THIS birth 40 yrs.
13. Birthplace Toledo (City or town) Ohio (State or foreign country)
14. Exact Occupation Lumberman
15. Industry or Business Lumber business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Lillie Moore
17. Color or Race white
18. Age at time of THIS birth 37 yrs.
19. Birthplace Michigan (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Home

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. / Midwife — Address — Date

State of California
County of Los Angeles } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the older sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 60 years of age, that I have known this person for 46 years, and that Mrs. John (First name) Fackler (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Lillie Mary Turner Signature

3400 Smith street, Los Angeles P. O. Address

Calif.

Subscribed and sworn to before me this 12th day of April, 1943.

(SEAL)

Charles L. Porep, Notary Public, residing at Los Angeles, Cal.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

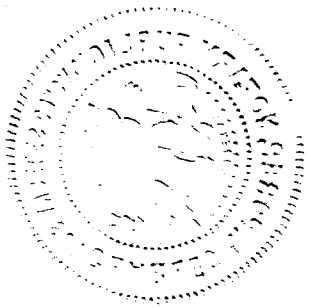
Received for filing on APR 16 1943 by Mary H Elder, Registrar.

APR 16 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the ~~local registrar for record~~ in ~~the Bureau of~~ Vital ~~Statistics~~ for ~~the~~ purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



863-113-c-30-238

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 369630
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Lemhi (b) City P.O. Baker
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: Withington Home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 19 years 7 months 1 days 19

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Lemhi County
   (c) City P.O. Baker, Idaho
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 6 6 yrs.

3. **RESIDENCE OF FATHER** (city, state) Baker Idaho

4. **FULL NAME OF CHILD** Bryan Erwin Holbrook

5. Date of Birth of Child (Month, day, year) Friday Nov 03 1896

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Charles Henry Holbrook
11. Color or Race White
12. Age at time of THIS birth 30 yrs.
13. Birthplace Morgan City (City or town) Utah (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Jessie Marie Schrader
17. Color or Race White
18. Age at time of THIS birth 19 yrs.
19. Birthplace Salmon City (City or town) Idaho (State or foreign country)
20. Exact Occupation
21. Industry or Business House Wife

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

State of Idaho
County of Lemhi } ss.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 65 years of age, that I have known this person for years, and that George A. Kenney (First name) M.D. (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Jessie Marine Holbrook Signature
Friday, Idaho P. O. Address

Subscribed and sworn to before me this 15 day of April, 1943

(SEAL)

Geo. E. Brandon, Notary Public, residing at Salmon, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 19 1943 by Mary F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 1 9 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and ~~filed by~~ the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

595-22-028-844

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 369677
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Kootenai (b) City Rathdrum
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county Five years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State IDAHO (b) County Kootenai
   (c) City Rathdrum
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? Five yrs.

3. **RESIDENCE OF FATHER** (city, state) Rathdrum.

4. **FULL NAME OF CHILD** Erica Carolyn Ervin

5. Date of Birth of Child (Month, day, year) March 27-1896

6. Sex Fem.

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 mo 9. Legitimate? Yes.

FATHER OF CHILD

10. **FULL NAME** Silas B. Ervin
11. Color or Race White
12. Age at time of THIS birth 28 yrs.
13. Birthplace Bucyrus (City or town) OHio (State or foreign country)
14. Exact Occupation Lumber
15. Industry or Business "

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Laura Agusta Hudlow
17. Color or Race White
18. Age at time of THIS birth 26 yrs.
19. Birthplace Joplin (City or town) Mo. (State or foreign country)
20. Exact Occupation House Wife.
21. Industry or Business " "

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child Three (b) Born alive and now living Two

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. / Midwife — Address — Date

AFFIDAVIT

State of Washington } ss.
County of Spokane }

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the FATHER. (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 75 years of age, that I have known this person for 47 years, and that Margaret (First name) Hudlow (Last name) - Mid-Wife who attended this birth Deceased. (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Silas B. Ervin Signature
E. 8011 Cleveland Ave P. O. Address
Spokane

Subscribed and sworn to before me this 14 day of April, 1949

(SEAL) [signature], Notary Public, residing at Spokane Wash

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 20 1949 by Mary F Elder, Registrar.

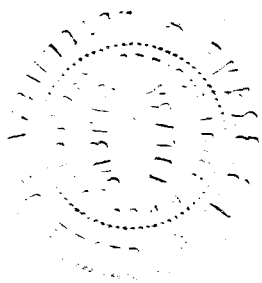
Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 2 0 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



651-209 029-781

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 370800
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Latah (b) City Kendrick
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: Family Home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 13 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Latah
   (c) City Kendrick
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 13 yrs.

3. **RESIDENCE OF FATHER** (city, state) Kendrick, Ida.

4. **FULL NAME OF CHILD** Mabel Weaver

5. Date of Birth of Child (Month, day, year) Oct. 9, 1896

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Charles Weaver
11. Color or Race White
12. Age at time of THIS birth 40 yrs.
13. Birthplace Batavia (City or town) N.Y. (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Maggie Phair
17. Color or Race White
18. Age at time of THIS birth 20 yrs.
19. Birthplace (Unknown) (City or town) Missouri. (State or foreign country)
20. Exact Occupation Housewife.
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Not Known.

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 10

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born Alive (Born alive, stillborn) at 12:00 A. M. on the date and at the place stated above, and that personal particulars were furnished by Maggie (First name) Weaver (Last name), who is related as Mother (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife Address ____ Date ____

State of Idaho
County of Latah } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 86 years of age, that I have known this person for 46 years, and that Ida (First name) Weaver (Last name), who attended this birth Is now Deceased (Is now deceased) or (Cannot be located), I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Charles Weaver Signature

Princeton Idaho P.O. Address

Subscribed and sworn to before me this 20th day of April, 1943.

(SEAL)

M. Marion, Notary Public, residing at ____

NOTARY PUBLIC for the State of Idaho
Residing at Potlatch, Idaho
My Commission Expires Dec. 3, 1944

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 26 1943 by Mabel F. Elder Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 27 1948

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

318-104 035-855

370846

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Nezperce (b) City Lapwai
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: At Home.
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 15 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Nez Perce
   (c) City Lapwai
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 15 yrs.

3. **RESIDENCE OF FATHER** (city, state) Lapwai - Idaho

4. **FULL NAME OF CHILD** Loscoe Taylor

5. Date of Birth of Child (Month, day, year) March 4 - 1896

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** William Taylor
11. Color or Race white
12. Age at time of THIS birth 38 yrs.
13. Birthplace Walla Walla (City or town) Washington (State or foreign country)
14. Exact Occupation Blacksmith
15. Industry or Business Blacksmith.

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Liddie Henry
17. Color or Race white
18. Age at time of THIS birth 35 yrs.
19. Birthplace Austin (City or town) Washington (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 9 (b) Born alive and now living 9

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of OREGON
County of UMATILLA } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the brother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now Sixty-one years of age, that I have known this person for 47 years, and that No physician attended (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Francis Pambrun Signature
Pendleton, Oregon. P. O. Address

Subscribed and sworn to before me this 13 day of April, 19 43.

(SEAL) Anna M. Hartzwong, Notary Public, residing at Pendleton, Ore.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) My com. exp. 2/2/47.

Received for filing on APR 27 1943 by , Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 27 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

396-23/004 354

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 370882
Local Reg. No.
Reg. Dist. No.

APR 26 1943

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bear Lake (b) City Montpelier
   (c) Street Address or R.F.D. No. Main Street,
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county -- years 1½ months -- days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Wyoming (b) County Carbon County
   (c) City Rawlins.
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? no yrs.

3. **RESIDENCE OF FATHER** (city, state) Rawlins, Wyoming

4. **FULL NAME OF CHILD** MARTHA ELIZA CROOKS

5. Date of Birth of Child (Month, day, year) March 31, 1896.

6. Sex Female.

7. Twin or Triplet --

If so—born 1st, 2nd, 3rd --

8. No. months of Pregnancy 9

9. Legitimate? Yes.

FATHER OF CHILD

10. **FULL NAME** George Crooks
11. Color or Race White
12. Age at time of THIS birth 26 yrs.
13. Birthplace Creswell, Derbyshire, England. (City or town) (State or foreign country)
14. Exact Occupation Fireman.
15. Industry or Business Union Pacific Railroad.

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Elizabeth Jannette Lem
17. Color or Race White
18. Age at time of THIS birth 30 yrs.
19. Birthplace Mountain Ash, Wales. (City or town) (State or foreign country)
20. Exact Occupation Housewife.
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Wyoming
County of Carbon } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now seventy-three years of age, that I have known this person for forty-seven years, and that the doctor (cannot ascertain name) (First name) and Mrs. Hillier, the midwife (Last name) who attended this birth is deceased, (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

George Crooks Signature

B4256 Rawlins Wyo P. O. Address

Subscribed and sworn to before me this 10th day of April, 1943.

(SEAL) Martha Gustafson, Notary Public, residing at Rawlins, Carbon County, Wyoming.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 26 1943 by Mark H Elder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 28 1943

JUL 26 1976

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

343 207006 846

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 370908
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bingham (b) City Willowcreek
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: in own home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 10 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bingham
   (c) City Willowcreek
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 10 year yrs.

3. **RESIDENCE OF FATHER** (city, state) Idaho

4. **FULL NAME OF CHILD** Ethel Maria Cutler

5. Date of Birth of Child (Month, day, year) April 7, 1896

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy nine

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Parley J. Cutler
11. Color or Race White
12. Age at time of THIS birth 30 yrs.
13. Birthplace Brigham City, Utah (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Sarah Maria Huffaker
17. Color or Race White
18. Age at time of THIS birth 28 yrs.
19. Birthplace Peoa, Utah (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business own home

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child five (b) Born alive and now living four

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 7:30 A. M. on the date and at the place stated above, and that personal particulars were furnished by Sarah Maria Cutler (First name) (Last name), who is related as Mother (Mother, etc.)

25. Attendant's **OWN** signature Sarah Jane Simmons M.D. Midwife Address Idaho Falls Idaho R#1. Date 4-21-1943.

State of OREGON, County of Columbia, } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now seventy-five years of age, that I have known this person for [illegible] years, and that Sarah Jane Simmons (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) , Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 29 1943 by Mary F Felton, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 2 9 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

259 229010-693

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

MAY 4 1943

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 371273

Local Reg. No.

Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Bonneville (b) City Idaho Falls

(c) Street Address or R.F.D. No.

(d) Name of Hospital or Maternity Home:

(e) Mother's stay **BEFORE** delivery: IN **THIS** county 21 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Bonneville

(c) City Idaho Falls

(d) Street Address or R.F.D. No.

(e) How long has **MOTHER** lived in Idaho? 21 yrs.

3. RESIDENCE OF FATHER (city, state) Idaho Falls

4. FULL NAME OF CHILD Elnora Berger

5. Date of Birth of Child (Month, day, year) July 29 1896

6. Sex Female

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Charles Berger

11. Color or Race

12. Age at time of THIS birth 29 yrs.

13. Birthplace Holland (City or town) Utah (State or foreign country)

14. Exact Occupation Butcher

15. Industry or Business Idaho Falls Idaho.

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Elizabeth Wilson

17. Color or Race American

18. Age at time of THIS birth 18 yrs.

19. Birthplace Idaho Falls (City or town) Idaho (State or foreign country)

20. Exact Occupation Home Wife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was July 29 at 1896 4 M. on the date (Born alive, stillborn) and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

State of Utah } ss.
County of Salt Lake }

I, the undersigned, being first duly sworn, say that I am the Former Aunt (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 71 years of age, that I have known this person for all her life years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Bertha Wilson Signature

856 Fashon ave P. O. Address

Subscribed and sworn to before me this 26th day of April, 1943

(SEAL) Louise L. Larsen Notary Public, residing at 148 West 17th So.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 4 1943 by Mary E Eden, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 17

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

817-121-029-154

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

JUN 1 1943

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 372499
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Latah (b) City Moscow
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: It was at our home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 16 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Moscow
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 20 yrs.

3. RESIDENCE OF FATHER (city, state) Idaho

4. FULL NAME OF CHILD Perry Foster Hagen

5. Date of Birth of Child (Month, day, year) June 21, 1896

6. Sex Male **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnancy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Peter Hagen
11. Color or Race White **12.** Age at time of THIS birth 44 yrs.
13. Birthplace Skien, Norway (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Same

MOTHER OF CHILD

16. FULL MAIDEN NAME Annette Anderson
17. Color or Race White **18.** Age at time of THIS birth 42 yrs.
19. Birthplace Hjalamark, Norway (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Same

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 9 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Latah } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 88 years of age, that I have known this person for 46 years, and that Mrs. Johanas Freng (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Annette Hagen Signature
220 Cherry St., Moscow, Idaho P. O. Address

Subscribed and sworn to before me this 11th day of March, 19 43

(SEAL) E. E. Wilson Probate Judge
Notary Public, residing at Moscow, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 1 1943 by Carl Holder, Registrar.

JUN 2 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in ~~the Bureau of Vital Statistics~~ for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

615-127-039-962

372625

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 372625

Local Reg. No.

Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Power (b) City Neeley

(c) Street Address or R.F.D. No.

(d) Name of Hospital or Maternity Home:

(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Power

(c) City Neeley

(d) Street Address or R.F.D. No.

(e) How long has **MOTHER** lived in Idaho? yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Casper Fannin

5. Date of Birth of Child (Month, day, year) 12-27-1896

6. Sex male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Moses Fannin

11. Color or Race W

12. Age at time of THIS birth 22 yrs.

13. Birthplace (City or town) Kentucky (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Alifair Rose

17. Color or Race W

18. Age at time of THIS birth 28 yrs.

19. Birthplace (City or town) Kentucky (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho }
County of ~~Jefferson~~ Power } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Aunt (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 67 years of age, that I have known this person for 46 years, and that neighbor (First name) (Last name), who attended this birth now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary Rose Fannin Signature

American Falls, Idaho Star Route P. O. Address

Subscribed and sworn to before me this 1st day of February, 1943.

(SEAL)

Notary Public, residing at AMERICAN FALLS, IDAHO

MY COMMISSION EXPIRES OCTOBER 22, 19[illegible]

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated)

Received for filing on JUN 15 1943 by Mary E Eldon, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 15 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in ~~the Bureau of Vital Statistics for the~~ purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

15-4-212-001-168

37v671

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 372671
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Ada (b) City Boise
   (c) Street Address or R.F.D. No. R.F.D. No. I
   (d) Name of Hospital or Maternity Home: At home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 6 years 4 months 2 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Ada
   (c) City Boise
   (d) Street Address or R.F.D. No. I
   (e) How long has **MOTHER** lived in Idaho? 6 yrs.

3. **RESIDENCE OF FATHER** (city, state) Boise, Idaho

4. **FULL NAME OF CHILD** Helga Marie Anderson

5. Date of Birth of Child (Month, day, year) October 12, 1896

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** August Anderson
11. Color or Race White
12. Age at time of THIS birth 38 yrs.
13. Birthplace Tunne Varmland, Sweden (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Agriculture

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Lena Johnson
17. Color or Race White
18. Age at time of THIS birth 24 yrs.
19. Birthplace Grimslof Smoland, Sweden (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name), who is related as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife Address ____ Date ____

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

State of Idaho
County of Ada } ss.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 70 years of age, that I have known this person for 46 years, and that Edward (First name) Mayer (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature: Linda Anderson

P. O. Address: R 3 Boise Idaho

Subscribed and sworn to before me this 2nd day of July, 19 43

(SEAL) R. D. Barbour, Notary Public, residing at Boise, Idaho.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 2 - 1943 by Mary E Elder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

893 213-036 893

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 374114
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Oneida (b) City Franklin
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: at home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 3 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Oneida
   (c) City Franklin
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 3 yrs.

3. **RESIDENCE OF FATHER** (city, state) Franklin, Idaho

4. **FULL NAME OF CHILD** Maggie Janette Hill

5. Date of Birth of Child (Month, day, year) May 13, 1896

6. Sex female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Joseph John Hill
11. Color or Race white
12. Age at time of THIS birth 37 yrs.
13. Birthplace Ogden Utah (City or town) (State or foreign country)
14. Exact Occupation Merchant
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Jane Morton Hill
17. Color or Race white
18. Age at time of THIS birth 35 yrs.
19. Birthplace Wellsville, Utah (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

State of Idaho
County of Franklin } ss.

I, the undersigned, being first duly sworn, say that I am the brother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 56 years of age, that I have known this person for 47 years, and that Ellen Morgan (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

George Hill Signature

Franklin Idaho P. O. Address

Subscribed and sworn to before me this 24 day of June, 1943

(SEAL)

Selma Thatcher, Notary Public, residing at Preston, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 29 1943 by Mary F. Felder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 29 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

664 208017 - 355

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 374163
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County CLARK (b) City DU BOIS
   (c) Street Address or R.F.D. No. R. R.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 6 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Clark
   (c) City Du Bois
   (d) Street Address or R.F.D. No. R. R.
   (e) How long has **MOTHER** lived in Idaho? 6 yrs.

3. **RESIDENCE OF FATHER** (city, state) Same

4. **FULL NAME OF CHILD** PANSY GLADYS FOUST

5. Date of Birth of Child (Month, day, year) March 8, 1896

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** William Henry Harrison Foust
11. Color or Race White
12. Age at time of THIS birth 29 yrs.
13. Birthplace Iowa (City or town) (State or foreign country)
14. Exact Occupation Railroad Man
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Nellie Ione Lee
17. Color or Race White
18. Age at time of THIS birth 27 yrs.
19. Birthplace Perry, Iowa (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of California } ss.
County of Los Angeles }

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 74 years of age, that I have known this person for 47 years, and that Mrs. Cummings (midwife) (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Nellie Foust Signature
6425 S. Van Ness Avenue P. O. Address
Los Angeles, California

Subscribed and sworn to before me this 4th day of June, 1943.

(SEAL)

Bernardine Helwig, Notary Public, residing at Los Angeles
My Commission Expires March 30, 1947.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 28 1943 by Mary H. Elder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 3 0 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

695-115039-133

United States
Department of Commerce
Bureau of the Census

JUN 28 1943

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 374167
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Power (b) City American Falls
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: At home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 9 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Power
   (c) City American Falls
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 10 yrs.

3. **RESIDENCE OF FATHER** (city, state) American Falls Ida

4. **FULL NAME OF CHILD** Joe Earl Fresh

5. Date of Birth of Child (Month, day, year) Nov 15. 1896

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy Yes

9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** William Charles Fresh
11. Color or Race White
12. Age at time of THIS birth 35 yrs.
13. Birthplace Hutchison (City or town) Kansas (State or foreign country)
14. Exact Occupation Ranching
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Josephine Allsop
17. Color or Race White
18. Age at time of THIS birth 27 yrs.
19. Birthplace Richmond (City or town) Utah (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living Yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. / Midwife — Address — Date

State of Idaho
County of Bingham } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 73 years of age, that I have known this person for 46 years, and that Mary (First name) Brown (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

x Josephine Fresh Signature

P.O. Blackfoot, Ida. P. O. Address

Subscribed and sworn to before me this 25 day of June, 1943.

(SEAL) Orson Packham, Notary Public, residing at Blackfoot

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 28 1943 by Maud Fredericksen, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 30 1948

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth ~~which has occurred~~ subsequent to ~~such date~~, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

914-205029 915

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 374172
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Latah (b) City Moscow
(c) ~~Street Address~~ or R F D No. Farm
(d) Name of Hospital or Maternity Home:
Home
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home.....days.
In **THIS** county.....years.....months.....days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Latah
(c) City Moscow
(d) ~~Street Address or~~ R.F.D. ~~No.~~
(e) How long has **MOTHER** lived in Idaho? 5 3 yrs.
(f) Mother's mailing address Lewiston Idaho
3. **RESIDENCE OF FATHER** (city, state) Same

4. **FULL NAME OF CHILD** Edna Lucille Rambo
5. Date of Birth (Month, day, year) June 5, 1896
6. Sex. Female
7. Twin or Triplet — If so ~~born~~ 1st, 2nd, 3rd
8. No. months of Pregnancy 9 mos
9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** William Leonard Rambo
11. Color or Race White
12. Age at time of THIS birth 30 yrs.
13. Birthplace Knox County (City or town) Illinois (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Olive Ann Randall
17. Color or Race White
18. Age at time of THIS birth 28 years
19. Birthplace Deweese (City or town) Iowa (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 2 yes
(c) Born alive and now dead One. (d) Stillborn None

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) JUN 30 1943 (Date received) (b) [signature] (Registrar's signature)
27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** ..... M.D. or ..... (D.O., Midwife, etc.)
and address ..... Date .....

State of Idaho } ss.
County of Nez Perce }

AFFIDAVIT To be completed when the ~~attendant~~ at birth is NOT LIVING or CANNOT BE LOCATED.

I, Olive Randall Rambo, being first duly sworn, say that I am Related (Related to (or) acquainted with) Edna Lucille Rambo (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ..... (Name of attendant at birth), who attended said birth deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Olive Randall Rambo Name
Lewiston Idaho P. O. Address

Subscribed and sworn to before me on this 31st day of December

(SEAL) [signature] Notary Public, residing at Lewiston Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 2 8 1957

JUN 3 0 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DELAYED

993 128 028 689

374206

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County ____ (b) City Coeur d'Alene
   (c) Street Address or R.F.D. No. ____
   (d) Name of Hospital or Maternity Home: At Home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 1 years ____ months ____ days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County ____
   (c) City Coeur d'Alene
   (d) Street Address or R.F.D. No. ____
   (e) How long has **MOTHER** lived in Idaho? 1 yrs.

3. **RESIDENCE OF FATHER** (city, state) Coeur d'Alene Idaho

4. **FULL NAME OF CHILD** John William Rice

5. Date of Birth of Child (Month, day, year) March 28-1896

6. Sex Male

7. Twin or Triplet ____ If so—born 1st, 2nd, 3rd ~~2nd~~

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Albert Hull Rice
11. Color or Race White
12. Age at time of THIS birth 30 yrs.
13. Birthplace Canyon Creek (City or town) Oregon (State or foreign country)
14. Exact Occupation Sawmill worker
15. Industry or Business Sawmill

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Edith Whitmarsh ~~Rice~~
17. Color or Race White
18. Age at time of THIS birth 20 yrs.
19. Birthplace Moorhead (City or town) Minnesota (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Home

22. Name prophylactic used to prevent Ophthalmia Neonatorum ____

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name), who is related as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

State of Montana
County of Lake } ss.

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 77 years of age, that I have known this person for 30 years, and that Mrs Makey (First name) a midwife (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Albert Hull Rice Signature

Ronan, Montana P. O. Address

Subscribed and sworn to before me this 25th day of June, 1943.

(SEAL) R D French, Notary Public, residing at Ronan, Montana

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17914, Idaho Code Annotated.)

My commission expires November 23, 1944

Received for filing on JUL 2 — 1943 by Maud E Felder, Registrar.

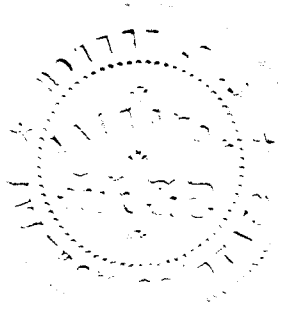
Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 3 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth ~~of a child born~~ prior to the ~~effective~~ date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which ~~has occurred subsequent to such date,~~ such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



569-22-0444 145

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **374225**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Washington (b) City Midvale
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 12 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Washington
(c) City Midvale
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 12 yrs.

3. RESIDENCE OF FATHER (city, state) Midvale Ida

4. FULL NAME OF CHILD Ina Belle Norman

5. Date of Birth of Child (Month, day, year) Mar. 26, 1896

6. Sex Female **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnancy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Melville Cox Norman
11. Color or Race White **12.** Age at time of THIS birth 28 yrs.
13. Birthplace Sewell (City or town) Iowa (State or foreign country)
14. Exact Occupation Freighter
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Effie Ann Ader.
17. Color or Race White **18.** Age at time of THIS birth 22 yrs.
19. Birthplace Savanna Missouri (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Washington
County of Walla Walla } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 1, above, that I am now 69 years of age, that I have known this person for lifetime ~~years~~, and that Ellen Reavis (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Effie Ann Norman Signature
318 S Palouse St, Walla Walla, Wash. P. O. Address

Subscribed and sworn to before me this 6th day of March, 1943

(SEAL) Arthur Hawman Notary Public, residing at Walla Walla
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) Commission expires 2-24-47.

Received for filing on JUL 2 - 1943 by Mary E Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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795-217029-212

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 374249
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Latah (b) City Cora
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county 16 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Latah
   (c) City Cora
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 16 yrs. yrs.

3. **RESIDENCE OF FATHER** (city, state) Cora, Idaho

4. **FULL NAME OF CHILD** Blanche Sarah Green

5. Date of Birth of Child (Month, day, year) Oct. 17, 1896

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Jake J. Green
11. Color or Race white
12. Age at time of THIS birth 31 yrs.
13. Birthplace Stony Forks, N. Carolina (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Annie Laura Baker
17. Color or Race white
18. Age at time of THIS birth 24 yrs.
19. Birthplace Albert Lea, Minnesota (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Montana
County of Lincoln } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 77 years of age, that I have known this person for 46 years, and that Mrs. Jack Burton (First name) (Last name), who attended this birth is deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Jake J. Green Signature

Eureka, Montana P. O. Address

Subscribed and sworn to before me this 1st day of July, 1943

(SEAL) Notary Public, residing at Eureka, Montana

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) my commission expires Feb, 6, 1944

Received for filing on JUL 6 - 1943 by Mary Tyler, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1943
JUL 7

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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693-214007-262

374257

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Blaine (b) City Hailey
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county 5 years – months – days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Blaine
   (c) City Hailey
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 5 X yrs.

3. **RESIDENCE OF FATHER** (city, state) Hailey, Id.

4. **FULL NAME OF CHILD** Geneva Maud Wilson

5. Date of Birth of Child (Month, day, year) Dec. 14, 1896

6. Sex Fe.

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9 mo

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** James Henry Wilson
11. Color or Race White
12. Age at time of THIS birth 35 yrs.
13. Birthplace Lennoxville (City or town) Canada (State or foreign country)
14. Exact Occupation Teamster
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Louise Bosewell
17. Color or Race White
18. Age at time of THIS birth 25 yrs.
19. Birthplace Eastwood (City or town) Canada (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum not known

23. Number of children of this mother: (a) At time of birth and including this child 2nd (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

State of CALIFORNIA
County of SAN DIEGO } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 70 years of age, that I have known this person for 46½ years, and that Midwife XXXXXXXXXXXXX (First name) (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Louise Wilson Signature

P. O. Box 55 Bostonia P. O. Address

Subscribed and sworn to before me this 28 day of June, 1943

(SEAL) R H Flowers Notary Public, residing at El Cajon, Calif

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 3 - 1943 by Maud H Ed Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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967 226 001 212

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.) 374-73

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 37427
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Ada (b) City Star
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 16 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Ada
   (c) City Star
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 16 yrs.

3. **RESIDENCE OF FATHER** (city, state) Star

4. **FULL NAME OF CHILD** Ada Evelyn Rogers

5. Date of Birth of Child (Month, day, year) Feb. 26, 1896

6. Sex Female

7. Twin or Triplet / If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 mo. 9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Isiah Hamilton Rogers
11. Color or Race white
12. Age at time of THIS birth 34 yrs.
13. Birthplace Missouri (City or town) (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Martha Ellen Boss
17. Color or Race White
18. Age at time of THIS birth 26 yrs.
19. Birthplace Bolivar, Missouri (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

State of Idaho } ss.
County of Ada }

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 73 years of age, that I have known this person ~~for~~ all her life years, and that Dr O.W. Hall (First name) (Last name), who attended this birth is now deceased. (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Martha Ellen Boss Rogers Signature
Parma, Idaho R3, P. O. Address

Subscribed and sworn to before me this 9th day of July, 1943

(SEAL) Laura E. Evans, Notary Public, residing at Boise Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 9 1943 by Mary E. Eder, Registrar.

JUL 10 1943
JUL 9

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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742-205025-795

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 374321
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth) Idaho
   (a) County ... (b) City Sugar City
   (c) Street Address or R.F.D. No. None
   (d) Name of Hospital or Maternity Home: At home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years 6 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State ... (b) County ...
   (c) City ...
   (d) Street Address or R.F.D. No. ...
   (e) How long has **MOTHER** lived in Idaho? ... yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Myrtle Ruth Gustin

5. Date of Birth of Child (Month, day, year) 2/5/1894

6. Sex Female

7. Twin or Triplet ... If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Thomas Jefferson Gustin
11. Color or Race White
12. Age at time of THIS birth 34 yrs.
13. Birthplace Nephi, Utah (City or town) (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business Farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Sarah Ruth Green
17. Color or Race White
18. Age at time of THIS birth 27 yrs.
19. Birthplace Utah (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Home Making

22. Name prophylactic used to prevent Ophthalmia Neonatorum Do not know
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ... (Born alive, stillborn) at ... M. on the date ... and at the place stated above, and that personal particulars were furnished by ... (First name) ... (Last name) who is related as Do not know Midwife's name. She was old, and now deceased. (Mother, etc.)

25. Attendant's **OWN** signature ... M.D. Midwife ... Address ... Date

AFFIDAVIT

State of California
County of Sierra } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the brother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 54 years of age, that I have known this person for 47 years, and that Grace Bailey (First name), Salt Lake City (Last name), Utah, who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Hugh S. Gustin Signature

Loyalton, California P. O. Address

Subscribed and sworn to before me this 21st day of June, 1943

(SEAL) George Jr. Snyder, Notary Public, residing at Loyalton Calif

(Note: Perjury is punishable as a felony in Idaho, see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 7 1943 by Maud F Felder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1943 JUL 8

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

293-203006-249

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

JUL 6 1943

CERTIFICATE OF BIRTH
STATE OF IDAHO

Stat. File No. 874352
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bingham (b) City Blackfoot
   (c) Street Address or R.F.D. No. R.F.D. # 3
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county ____ years ____ months ____ days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bingham
   (c) City Blackfoot
   (d) Street Address or R.F.D. No. R.F.D.# 3
   (e) How long has **MOTHER** lived in Idaho? 5 yrs.

3. **RESIDENCE OF FATHER** (city, state) Blackfoot, Idaho

4. **FULL NAME OF CHILD** Julia Bithell

5. Date of Birth of Child (Month, day, year) Aug. 3, 1896

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Thomas Bithell
11. Color or Race White
12. Age at time of THIS birth 52 yrs.
13. Birthplace Birkenhead (City or town) England (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Ann Smith
17. Color or Race White
18. Age at time of THIS birth 43 yrs.
19. Birthplace Birkenhead (City or town) England (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name), who is related as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

AFFIDAVIT

State of Idaho
County of Bingham } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the brother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 63 years of age, that I have known this person for 46 years, and that Julia (First name) Smith (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

J. H. Bithell Signature

Blackfoot, Idaho P. O. Address

Subscribed and sworn to before me this 13 day of July, 1943

(SEAL) ____, Notary Public, residing at Blackfoot.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 7 - 1943 by Mary Fielder, Registrar.

1943
JUL 9

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

765-725-045-693

374356

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Alturas (b) City Hailey
(c) Street Address or R.F.D. No. Bullion St
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 6 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Alturas
(c) City Hailey
(d) Street Address or R.F.D. No. Bullion St
(e) How long has **MOTHER** lived in Idaho? yrs.

3. RESIDENCE OF FATHER (city, state) Hailey Ida

4. FULL NAME OF CHILD John Wilfred Covey

5. Date of Birth of Child (Month, day, year) Dec 25 1896

6. Sex Boy

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? ✓

FATHER OF CHILD

10. FULL NAME John Covey

11. Color or Race Anglo Saxon

12. Age at time of THIS birth 22 yrs.

13. Birthplace Liverpool England (City or town) (State or foreign country)

14. Exact Occupation Carpenter

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Elizabeth Wilson

17. Color or Race Anglo Saxon

18. Age at time of THIS birth 5 1 yrs.

19. Birthplace Liverpool England (City or town) (State or foreign country)

20. Exact Occupation Cook

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature Deceased M.D. Midwife Address Date

State of Idaho
County of Blaine } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4 above, that I am now 79 years of age, that I have known this person for 47 years, and that the person (First name) 79 (Last name) who attended this birth is deceased (Is now deceased) or (Cannot be located), I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

John Covey Signature

Harley P. O. Address

Subscribed and sworn to before me this 30th day of June, 1943

(SEAL) Joseph W Bild Notary Public, residing at Hailey, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 7 - 1943 by Mary F Eder, Registrar.

JUL 9 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 375671
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County JEFFERSON (b) City LORENZO
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years 4 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State (b) County
   (c) City
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 4 mo. yrs.

3. **RESIDENCE OF FATHER** (city, state) Same

4. **FULL NAME OF CHILD** Edith Alberta Slater

5. Date of Birth of Child (Month, day, year) JAN. 5 1896

6. Sex female

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** James Henrey Slater
11. Color or Race White
12. Age at time of THIS birth 45 yrs.
13. Birthplace Massachusetts (City or town) (State or foreign country)
14. Exact Occupation fisherman
15. Industry or Business Surveyor

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Cynthia Remina Gilson
17. Color or Race White
18. Age at time of THIS birth 38 yrs.
19. Birthplace Corine, Utah (City or town) (State or foreign country)
20. Exact Occupation house wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Utah
County of Salt Lake } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the half-sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 60 years of age, that I have known this person for all her life years, and that those (First name) (Last name), who attended this birth, are now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Harriet R. Haddan Signature

Preston Idaho, Route #2 P. O. Address

Subscribed and sworn to before me this 7th day of July, 1943

(SEAL) [signature] Notary Public, residing at Murray, Utah

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

My Commission Expires May 7, 1944

Received for filing on JUL 27 1943 by [signature], Registrar.

JUL 28 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

213-183-014-365

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.) 37569

State File No. 375695
Local Reg. No.
Reg. Dist. No.

CERTIFICATE OF BIRTH
STATE OF IDAHO

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Canyon (b) City Payette
   (c) Street Address or R.F.D. No. None
   (d) Name of Hospital or Maternity Home: None - Home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 12 years 5 months No days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Canyon
   (c) City Payette
   (d) Street Address or R.F.D. No. None
   (e) How long has **MOTHER** lived in Idaho? 60 yrs.

3. **RESIDENCE OF FATHER** (city, state) Deceased

4. **FULL NAME OF CHILD** Leo (Karl) Ballenger

5. Date of Birth of Child (Month, day, year) Mar-23-1896

6. Sex Male

7. Twin or Triplet No If so—Born 1st, 2nd, 3rd —

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Jason Avery Ballenger
11. Color or Race White
12. Age at time of THIS birth 34 yrs.
13. Birthplace Illinois (City or town) (State or foreign country)
14. Exact Occupation Brick Mason - Miner
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ella Matilda Connyers
17. Color or Race White
18. Age at time of THIS birth 26 yrs.
19. Birthplace Little Sioux (City or town) Iowa (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife ..... Address ..... Date

AFFIDAVIT

State of Idaho
County of Payette } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 72 years of age, that I have known this person for 47 years, and that Dr. (First name) Scott (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ella M. Connyers Ballenger Wells Signature

Payette, Idaho P. O. Address

Subscribed and sworn to before me this 30th day of July, 1943

(SEAL)

Notary Public, residing at Payette, Ida

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914 Idaho Code Annotated.)

Received for filing on JUL 30 1943 by ..... Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 30 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

461-122-003-219

375710

375710

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 375710
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bannock (b) City Lava
   (c) Street Address or R.F.D. No. -
   (d) Name of Hospital or Maternity Home: -
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 4 years 5 months 16 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bannock
   (c) City Lava
   (d) Street Address or R.F.D. No. -
   (e) How long has **MOTHER** lived in Idaho? 2 years yrs.

3. **RESIDENCE OF FATHER** (city, state) Lava, Idaho

4. **FULL NAME OF CHILD** Edward Patrick Moan

5. Date of Birth of Child (Month, day, year) 1-22-1896

6. Sex Male

7. Twin or Triplet - If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy Nine

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Patrick Moan
11. Color or Race White
12. Age at time of THIS birth 28 yrs.
13. Birthplace Monahan County, Ireland (City or town) (State or foreign country)
14. Exact Occupation Freight Conductor
15. Industry or Business Union Pacific Railroad Co.

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Margaret Barron
17. Color or Race White
18. Age at time of THIS birth 26 yrs.
19. Birthplace Killkenney County, Ireland (City or town) (State or foreign country)
20. Exact Occupation House-wife
21. Industry or Business -

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Ada } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Uncle (Mother, etc.) of the person whose name appears in Item 4, above, that I am now Sixty-Six years of age, that I have known this person for Forty-three years, and that Doctor Alfred C. Hoover (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

William J. Barron Signature

Burke Ore. P. O. Address

Subscribed and sworn to before me this 3RD day of MAY, 1943.

(SEAL)

Victor W. Jorgensen, Notary Public, residing at Boise, Idaho.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 9 1943 by Mary E. Gallagher, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 9 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

286-112-014-335

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

AUG 4 1943

State File No. 375333
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Canyon (b) City Payette
(c) Street Address or R F D No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home.....days.
In **THIS** county.....years.....months.....days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Canyon
(c) City Payette
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho?.....yrs.
(f) Mother's mailing address.....

3. **RESIDENCE OF FATHER** (city, state) Payette, Ida.

4. **FULL NAME OF CHILD** Chester William Short

5. Date of Birth (Month, day, year) Dec. 12, 1896

6. Sex. Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Patrick Edward Short
11. Color or Race white
12. Age at time of THIS birth 36 yrs.
13. Birthplace Chicago, (City or town) Illinois (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Catherine Clevinger
17. Color or Race white
18. Age at time of THIS birth 20 years
19. Birthplace Brunswick, (City or town) Missouri (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Silloid
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2 (c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 3:00 PM. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

26. (a) AUG 5 1943 (Date received) (b) Mae G. Atwood (Registrar's signature)

27. Given name added on ..... by (Registrar's signature)

25. Attendant's **OWN signature**.....M.D. or (D.O., Midwife, etc.)
and address Date

State of Idaho }
County of Payette } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Catherine J. Short, being first duly sworn, say that I am related to (Related to (or) acquainted with) Chester William Short (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Hamilton (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Catherine Short Name

Payette, Idaho P. O. Address

Subscribed and sworn to before me on this 11th day of January, 1941

(SEAL) Helen A. Klumm Notary Public, residing at Payette, Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 17 1959

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

231-224.040-415

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 375900
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Shoshone (b) City Glenn
   (c) Street Address or R.F.D. No. none
   (d) Name of Hospital or Maternity Home: none
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 1 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Shoshone
   (c) City Glenn
   (d) Street Address or R.F.D. No. None
   (e) How long has **MOTHER** lived in Idaho? 11 yrs.

3. **RESIDENCE OF FATHER** (city, state) Same

4. **FULL NAME OF CHILD** Minnie Ruth Blake

5. Date of Birth of Child (Month, day, year) Oct. 24 1896

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Edwin W. Blake
11. Color or Race White
12. Age at time of THIS birth 56 yrs.
13. Birthplace Canada (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Same

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Minnie Estalla Davies
17. Color or Race White
18. Age at time of THIS birth 37 yrs.
19. Birthplace Mankato, Minn. (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business same

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho
County of Clearwater } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 50 years of age, that I have known this person for 46 years, and that there were none (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mabel Blake Signature

Orofino, Idaho P. O. Address

Subscribed and sworn to before me this 17th day of July, 19 43.

(SEAL) Chase McCachum, Notary Public, residing at Orofino

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 9 1943 by Maud F Elder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

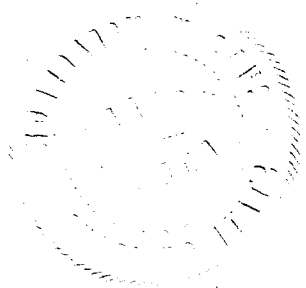
AUG 9 1943

JUL 17 1957

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



689-227-008-292

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 375927
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Boise (b) City
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Boise
   (c) City Now Valley County
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? Since Birth yrs.

3. **RESIDENCE OF FATHER** (city, state) " "

4. **FULL NAME OF CHILD** Hazel Matilda Whiteley

5. Date of Birth of Child (Month, day, year) Dec 27 1896

6. Sex Female

7. Twin or Triplet —

If so—born 1st, 2nd, 3rd 1

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Bona Warren Whiteley
11. Color or Race White
12. Age at time of THIS birth yrs.
13. Birthplace Idaho (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mabel Mona Sisk
17. Color or Race White
18. Age at time of THIS birth 21 yrs.
19. Birthplace Idaho City (City or town) Idaho (State or foreign country)
20. Exact Occupation Teacher
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at 10 P.M. on the date and at the place stated above, and that personal particulars were furnished by Katharine Sisk Stofiel (First name) (Last name), who is related as Aunt (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Bonners Ferry, Ida. Date 7/23/43

State of Idaho
County of Boundary } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Aunt (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 66 years of age, that I have known this person for 46 years, and that Dr. (First name) Tuttle (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Katharine Sisk Stofiel Signature

P. O. Box 803 Bonners Ferry, Ida. P.O. Address

Subscribed and sworn to before me this 26 day of July, 1943.

(SEAL) J. A. McNally, Notary Public, residing at Bonners Ferry

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 9 1943 by Carl Fiedler, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 1 1 1943

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DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 ~~Session Laws, has not been recorded~~, or in ~~case of failure to report any birth~~ which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

168-10-022-962

375979

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

AUG 14 1943

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 375979
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Fremont (b) City Wilford
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: None
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 10 years 9 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Fremont
   (c) City Wilford
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 10yrs 3/4 yrs.

3. **RESIDENCE OF FATHER** (city, state) Wilford, Idaho

4. **FULL NAME OF CHILD** Baxter W. Johnston

5. Date of Birth of Child (Month, day, year) Jan. 1, 1896

6. Sex Male

7. Twin or Triplet no

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Hugh S. Johnston
11. Color or Race White
12. Age at time of THIS birth 20 yrs.
13. Birthplace Salt Lake City (City or town) Utah (State or foreign country)
14. Exact Occupation Farming & Stock raising
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ellen Robb
17. Color or Race White
18. Age at time of THIS birth 17 yrs.
19. Birthplace Paragonah (City or town) Utah (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

AFFIDAVIT

State of Idaho
County of Fremont } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 65 years of age, that I have known this person for 47 years, and that Dr. (First name) Middleton (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ellen J. Bigler
Signature

St. Anthony, Idaho
P. O. Address

Subscribed and sworn to before me this 9 day of August, 1943.

(SEAL) Ex Officio, Probate Judge, ~~Notary Public, residing at~~

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 14 1943 by Mark H Elder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 16 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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515-215-004-815

United States Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

AUG 16 1943

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 376000
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bear Lake (b) City Bennington
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 20 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bear Lake
(c) City Bennington,
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 20 yrs.

3. RESIDENCE OF FATHER (city, state Bennington, Idaho.

4. FULL NAME OF CHILD Jeanett VanOrman

5. Date of Birth of Child (Month, day, year) 11/15/1896

6. Sex Female **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnancy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Abraham John VanOrman
11. Color or Race White **12.** Age at time of THIS birth 50 yrs.
13. Birthplace St. Clair, (City or town) Michigan (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Annie Marie Hansen
17. Color or Race White **18.** Age at time of THIS birth 29 yrs.
19. Birthplace Magdendolle, (City or town) Denmark (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None that I know of.

23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

State of Idaho. } ss.
County of Bear Lake }

I, the undersigned, being first duly sworn, say that I am the Aunt (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 74 years of age, that I have known this person for all her life years, and that Hannah (First name) Graham, (Last name), who attended this birth is now deceased. (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws. That I was present at the birth of this child.

Signature Inela Hansen

Montpelier, Idaho. P. O. Address

Subscribed and sworn to before me this 14th day of August, 1943

(SEAL) Chas E Knox Notary Public, residing at Montpelier, Ida

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 16 1943 by Maud E Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

SEP 10 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

3-25-00/239

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

AUG 16 1943

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 376005
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bonner (b) City La Clede
   (c) Street Address or R.F.D. No. —
   (d) Name of Hospital or Maternity Home: —
   (e) Mothers stay **BEFORE** delivery: In **THIS** county Bonner years 30 months — days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bonner
   (c) City La Clede
   (d) Street Address or R.F.D. No. —
   (e) How long has **MOTHER** lived in Idaho? 30 yrs.

3. **RESIDENCE OF FATHER** (city, state) Wisconsin

4. **FULL NAME OF CHILD** Louise Sarah Lanore

5. Date of Birth of Child (Month, day, year) Feb. 5, 1896

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Alexander Lanore
11. Color or Race white
12. Age at time of THIS birth 31 yrs.
13. Birthplace — (City or town) Wisconsin (State or foreign country)
14. Exact Occupation Logger
15. Industry or Business — Industry

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Jennie Armstrong
17. Color or Race white
18. Age at time of THIS birth 26 yrs.
19. Birthplace Duluth (City or town) Minnesota (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business —

22. Name prophylactic used to prevent Ophthalmia Neonatorum —

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by Sarah (First name) Armstrong (Last name) who is related as Grand mother (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife Address Little Falls, Minn. Date Feb. 5, 1896

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

State of Idaho } ss.
County of Kootenai }

I, the undersigned, being first duly sworn, say that I am the Brother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now [redacted] years of age, that I have known this person for 47 years, and that Sarah (First name) Armstrong (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Carl Lanore Signature
Coeur D'Alene Ida. P. O. Address

Subscribed and sworn to before me this 12 day of Aug., 1943

(SEAL) F. B. Hubbard, Notary Public, residing at Edmonds

(Note: Perjury is punishable as a felony in Idaho, see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 16 1943 by Mary E. Boyd, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 14 1966

AUG 27 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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03-001-08-69

376006

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Ada (b) City Boise
(c) Street Address or R.F.D. No. R.F.D. #1
(d) Name of Hospital or Maternity Home: At home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 4 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Boise,
(d) Street Address or R.F.D. No. 1
(e) How long has **MOTHER** lived in Idaho? 13 yrs.

3. RESIDENCE OF FATHER (city, state) Boise, Idaho

4. FULL NAME OF CHILD Cary Elizabeth Blair

5. Date of Birth of Child (Month, day, year) 9/24/1896

6. Sex Female

7. Twin or Triplet --- If so—born 1st, 2nd, 3rd ---

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Ole Edgar Blair
11. Color or Race White
12. Age at time of THIS birth 28 yrs.
13. Birthplace Coffeyville, Kansas (City or town) (State or foreign country)
14. Exact Occupation Rancher
15. Industry or Business Ranching

MOTHER OF CHILD

16. FULL MAIDEN NAME Harriet Elizabeth Wittel
17. Color or Race White
18. Age at time of THIS birth 27 yrs.
19. Birthplace Shelbyville, Missouri (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business --

22. Name prophylactic used to prevent Ophthalmia Neonatorum None

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 11:30 P.M. on the date and at the place stated above, and that personal particulars were furnished by Harriet Strobeck (First name) (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of California } ss.
County of Los Angeles }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 73 years of age, that I have known this person for 46 years, and that Grace (First name) Call (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

My Commission Expires April 30, 1945

Harriet Strobeck Signature

1396 Garfield Ave., Hynes, Calif. P. O. Address

Subscribed and sworn to before me this 9th day of April, 1943.

(SEAL) Leroy W. Reynolds Notary Public, residing at Glendale, California

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) My Commission Expires April 30, 1945

Received for filing on AUG 17 1943 by [signature] Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 17 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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376011

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Canyon (b) City Caldwell
(c) Street Address or R.F.D. No. 1019 Belmont St.
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 4 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Canyon
(c) City Caldwell
(d) Street Address or R.F.D. No. 1019 Belmont St
(e) How long has **MOTHER** lived in Idaho? 4 yrs.

3. RESIDENCE OF FATHER (city, state) Caldwell, Ida.

4. FULL NAME OF CHILD Bayard Taylor Tempelton

5. Date of Birth of Child (Month, day, year) Apr. 23, 1896

6. Sex male

7. Twin or Triplet no

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Bayard Taylor Tempelton
11. Color or Race white
12. Age at time of THIS birth 39 yrs.
13. Birthplace Huntley Grove, Illinois (City or town) (State or foreign country)
14. Exact Occupation Public accountant
15. Industry or Business Public accountant

MOTHER OF CHILD

16. FULL MAIDEN NAME Margaret Anne Simpson
17. Color or Race White
18. Age at time of THIS birth 31 yrs.
19. Birthplace England (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum no

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date ____ and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife Address ____ Date ____

State of Oregon } ss.
County of Multnomah }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the half-sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 53 years of age, that I have known this person for 46 years, and that Dr. (First name) Maxey (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Lillian Pearl Nelson Signature
345 N.E. 78th Ave., Portland, Ore. P. O. Address

My commission expires 1/17/44.

Subscribed and sworn to before me this 12th day of August, 19 42

(SEAL) Oscar Alderson Notary Public, residing at 8320 S.E. Stark St. Portland, Ore

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 17 1943 by ____ Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 17 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 376037
Local Reg. No. [redacted]
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Nezperce (b) City Nezperce
   (c) Street Address or R.F.D. No. R F D
   (d) Name of Hospital or Maternity Home: Born in own home.
   (e) Mothers stay **BEFORE** delivery: In **THIS** county none years one months seven days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Nezperce
   (c) City Nezperce
   (d) Street Address or R.F.D. No. R. F. D.
   (e) How long has **MOTHER** lived in Idaho? 9 mos 3 wks yrs.

3. **RESIDENCE OF FATHER** (city, state) Nezperce, Idaho

4. **FULL NAME OF CHILD** Elwyn Ansel Eastman

5. Date of Birth of Child (Month, day, year) July 21, 1896

6. Sex Male

7. Twin or Triplet No If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy nine

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** William Ansel Eastman
11. Color or Race White
12. Age at time of THIS birth 30 yrs.
13. Birthplace Jones County (City or town) Iowa (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mabel Anna Ware
17. Color or Race White
18. Age at time of THIS birth 25 yrs.
19. Birthplace Hastings (City or town) Michigan (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business None

22. Name prophylactic used to prevent Ophthalmia Neonatorum None
23. Number of children of this mother: (a) At time of birth and including this child two (b) Born alive and now living three

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name), who is related as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

AFFIDAVIT

State of Maryland
County of Prince Georges } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now seventy-two years of age, that I have known this person for forty-seven years, and that Mrs. (First name) Dave (Last name) McCurry, who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mabel Anna Eastman Signature

3735 17th Place N. E. Washington D. C. P.O. Address

Subscribed and sworn to before me this 29 th day of July, 19 43

(SEAL) Eileen Elizabeth Lee, Notary Public, residing at Mt. Rainier, Md.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated) My Commission Expires May 7, 1945

Received for filing on AUG 19 1943 by Mary J Elder, Registrar.

AUG 19 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

212-208001-659

[redacted]82

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. [redacted]
Local Reg. No. 34-1
Reg. Dist. No. 440

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Ada (b) City Boise
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county ____ years ____ months ____ days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Boise
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 50 yrs.

3. RESIDENCE OF FATHER (city, state) Idaho

4. FULL NAME OF CHILD Dorothy Elaine Baker

5. Date of Birth of Child (Month, day, year) Oct 8, 1896

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy

9. Legitimate? X

FATHER OF CHILD

10. FULL NAME John Orville Baker

11. Color or Race White

12. Age at time of THIS birth ____ yrs.

13. Birthplace Salem, Oregon (City or town) (State or foreign country)

14. Exact Occupation Merchant

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Agnes Lenore Weir [redacted]

17. Color or Race White

18. Age at time of THIS birth 39 yrs.

19. Birthplace Indiana, Penn (City or town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Don't Know

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife Address ____ Date ____

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

State of Idaho, County of Jerome } ss.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 73 years of age, that I have known this person for 47 years, and that Mrs M Shanklin (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Agnes Baker Signature

Jerome Idaho P. O. Address

Subscribed and sworn to before me this 2nd day of July, 1943

(SEAL) Frank M. Pfeiffer Notary Public, residing at Jerome Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on 7-3-43 by E. M. Sinclair, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 2 3 1943

DEC 2 2 1976

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report ~~any birth which has occurred~~ subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

613-022-036-133

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 377244
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Oneida (b) City Rockland
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: none - born at residence
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 18 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Oneida
   (c) City Rockland
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 18 yrs.

3. **RESIDENCE OF FATHER** (city, state) Rockland, Idaho

4. **FULL NAME OF CHILD** Orilla Irene Walker

5. Date of Birth of Child (Month, day, year) Dec. 27, 1896

6. Sex female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** Charles Henry Walker
11. Color or Race white
12. Age at time of THIS birth 24 yrs.
13. Birthplace Farmington, Udah (City or town) (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Harriet Louisa Allen
17. Color or Race white
18. Age at time of THIS birth 18 yrs.
19. Birthplace Logan City, Utah (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum none
23. Number of children of this mother: (a) At time of birth and including this child 1st (b) Born alive and now living one

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho
County of Power } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 64 years of age, that I have known this person for 47 years, and that Emily (First name) Lish (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Harriett Louisa Allen Thorne Signature

American Falls, Idaho P. O. Address

Subscribed and sworn to before me this 23d day of August, 19 43

(SEAL) [signature], Notary Public, residing at American Falls, Ida

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) My com ex Dec. 8, 1945.

Received for filing on AUG 25 1943 by [signature], Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 27 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and ~~filed by the local registrar for record in the Bureau of~~ Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

157-110-022-26b

377247

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Fremont (b) City Labelle
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: at home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 10 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Fremont
   (c) City Labelle
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 56 yrs.

3. **RESIDENCE OF FATHER** (city, state) Idaho.

4. **FULL NAME OF CHILD** Walter James Anglesey

5. Date of Birth of Child (Month, day, year) Oct. 10, 1896

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Robert Anglesey
11. Color or Race white
12. Age at time of THIS birth 48 yrs.
13. Birthplace Chester City, England (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Bowcutt
17. Color or Race white
18. Age at time of THIS birth 35 yrs.
19. Birthplace Millpool England. (City or town) (State or foreign country)
20. Exact Occupation housewife.
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Jefferson } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 64 years of age, that I have known this person for 46 years, and that Elizabeth Bowcutt (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Elizabeth Whitman Signature

Rigby Route #2 Idaho. P. O. Address

Subscribed and sworn to before me this 23rd day of August, 19 43

(SEAL) George M. Lawson, Notary Public, residing at Menan, Idaho.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 25 1943 by Maud E. Ladue, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 2 7 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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55-21 5-036-251

377369

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Oneida (b) City Malad
   (c) Street Address or R.F.D. No. R.F.D. no 1
   (d) Name of Hospital or Maternity Home: at home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 24 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Oneida
   (c) City Malad
   (d) Street Address or R.F.D. No. R.F.D. #1
   (e) How long has **MOTHER** lived in Idaho? 24 yrs.

3. **RESIDENCE OF FATHER** (city, state) Malad, Idaho

4. **FULL NAME OF CHILD** Irene Evans [redacted]

5. Date of Birth of Child (Month, day, year) Jan. 15. 1896

6. Sex female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Joshua Williams Evans
11. Color or Race white
12. Age at time of THIS birth 27 yrs.
13. Birthplace Malad City (City or town) Idaho (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Same

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Catherine Peabody
17. Color or Race white
18. Age at time of THIS birth 24 yrs.
19. Birthplace Malad City (City or town) Idaho (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business Same

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. / Midwife — Address — Date

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

State of California } ss.
County of Orange }

I, the undersigned, being first duly sworn, say that I am the friend (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 59 years of age, that I have known this person for 47 years, and that Francis Peabody (First name) (Last name), who attended this birth now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Thomas E Quinn Signature
1029 Cypress ave Santa Ana Calif P. O. Address

Subscribed and sworn to before me this 25th day of August, 1943

(SEAL) Betty Campbell, Notary Public, residing at Santa Ana Calif

My Commission expires July 22, 1947

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated, 1932.)

Received for filing on AUG 31 1943 by Mary Fielder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 3 1 1963

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

413-111-201-259

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 377372
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Ada (b) City Boise
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county 2 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Ada
   (c) City Boise
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 2 yrs.

3. **RESIDENCE OF FATHER** (city, state) Boise Idaho

4. **FULL NAME OF CHILD** Charles Henry Elmore Maloney

5. Date of Birth of Child (Month, day, year) Aug 11, 1896

6. Sex male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Charles Henry Maloney
11. Color or Race white
12. Age at time of THIS birth 27 yrs.
13. Birthplace Chicago (City or town) Ill. (State or foreign country)
14. Exact Occupation Carpenter
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Belle Bergeim
17. Color or Race white
18. Age at time of THIS birth yrs.
19. Birthplace unknown (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Florida } ss.
County of Osceola }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Aunt (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 76 years of age, that I have known this person for 47 years, and that unknown (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Ida Lee Hayes Signature
St. Cloud, Florida P. O. Address

Subscribed and sworn to before me this 10th day of August, 1943.

(SEAL) Notary Public, residing at St. Cloud, Fla.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 31 1943 by Mabel Holden, Registrar.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any ~~birth which has occurred subsequent~~ to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

5-IX-203-022-962

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 877379
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Fremont (b) City Prospect
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: at home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Fremont
   (c) City Prospect
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? yrs.

3. **RESIDENCE OF FATHER** (city, state) same

4. **FULL NAME OF CHILD** Bernice Bernadette Vaughn

5. Date of Birth of Child (Month, day, year) May 3, 1896

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** James Harvey Vaughn
11. Color or Race white
12. Age at time of THIS birth 43 yrs.
13. Birthplace Hemple, Missouri (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Ann Robbins
17. Color or Race white
18. Age at time of THIS birth 41 yrs.
19. Birthplace W rsehire, England (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 12 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of
County of } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Foster (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 69 years of age, that I have known this person for 47 years, and that Mary H. (First name) Smith (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Mary H. Smith Signature

1179 23rd St. P. O. Address

Subscribed and sworn to before me this 11th day of August, 1943

(SEAL)

A Notary Public, residing at Ogden Utah

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on SEP 1 1943 by Mabel Fields, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

231-209-029-666

377455

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 377455
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Latah (b) City Kendrick
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: at home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 1 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Latah
   (c) City Kendrick
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 1 yrs.

3. **RESIDENCE OF FATHER** (city, state) Kendrick Idaho

4. **FULL NAME OF CHILD** Leila Undine Standiford

5. Date of Birth of Child (Month, day, year) Aug. 9-1896

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Jerry Albert Standiford
11. Color or Race White
12. Age at time of THIS birth 25 yrs.
13. Birthplace Knoxville, (City or town) Illinois (State or foreign country)
14. Exact Occupation Saleeman
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Sarah Ann Wood
17. Color or Race White
18. Age at time of THIS birth 25 yrs.
19. Birthplace Secor, (City or town) Illinois (State or foreign country)
20. Exact Occupation School Teacher
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum ?
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

AFFIDAVIT

State of California
County of Los Angeles } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 79 years of age, that I have known this person for 47 years, and that Dr. (First name) Rothwell (Last name), who attended this birth, now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

My Commission Expires June 13, 1945

Sarah C. Standiford Signature

P. O. Address

Subscribed and sworn to before me this 3 day of September, 1943

(SEAL)

H. Hooper, Notary Public, residing at Pasadena

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on SEP 8 1943 by Hyrum E. Eccles, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

SEP 2 1 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred ~~subsequent~~ to ~~such date, such report may be received~~ and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States 643-215-020-455
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 377483
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bonneville (b) City Idaho Falls
   (c) Street Address or R.F.D. No. RFD No 3
   (d) Name of Hospital or Maternity Home: at Home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 30 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bonneville
   (c) City Idaho Falls
   (d) Street Address or R.F.D. No. R F D No 3
   (e) How long has **MOTHER** lived in Idaho? 77 yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Lavella Williams

5. Date of Birth of Child (Month, day, year) May 15 1896

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Azariah Franklin Williams
11. Color or Race White
12. Age at time of THIS birth 39 yrs.
13. Birthplace Brigham City, Utah (City or town) (State or foreign country)
14. Exact Occupation Farmer & S.
15. Industry or Business Stock grower

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Elizabeth Fleming [redacted]
17. Color or Race White
18. Age at time of THIS birth 30 yrs.
19. Birthplace Montpelier, Idaho (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related as ..... (Mother, etc.)

25. Attendant's **OWN** signature dead — M.D. Midwife Address Date

AFFIDAVIT

State of Idaho } ss.
County of Bonneville }

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 78 years of age, that I have known this person for 48 years, and that Mrs E B Fleming (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located), further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Elizabeth Fleming Williams Signature

P. O. Address

Subscribed and sworn to before me this 11 day of September, 19 43

(SEAL)

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Notary Public, residing at Idaho Falls Idaho

Received for filing on SEP 13 1943 by ..... Registrar.

SEP 13 1949

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

955-208-040-252

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 377502
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Shoshone (b) City Mullan
(c) Street Address or R.F.D. No. Gen. Delivery
(d) Name of Hospital or Maternity Home: Fathers & Mothers Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 5 years 2 months — days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Shoshone
(c) City Mullan
(d) Street Address or R.F.D. No. Gen. Delivery
(e) How long has **MOTHER** lived in Idaho? 5 1/2 yrs.

3. RESIDENCE OF FATHER (city, state) Mullan Idaho

4. FULL NAME OF CHILD Ethel Louise Penkert

5. Date of Birth of Child (Month, day, year) January 8, 1896

6. Sex Female

7. ~~Twin~~ or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes.

FATHER OF CHILD

10. FULL NAME George Penkert

11. Color or Race White

12. Age at time of THIS birth 36 yrs.

13. Birthplace Aurora (City or town) Indiana (State or foreign country)

14. Exact Occupation Carpenter

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Maggie Kessler

17. Color or Race White

18. Age at time of THIS birth 32 yrs.

19. Birthplace Aurora (City or town) Indiana (State or foreign country)

20. Exact Occupation Bookkeeper. Dept. Store

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 3rd (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

State of Washington
County of Spokane } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Aunt (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 70 years of age, that I have known this person for 47 years, and that Mrs R. Hughes (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Mary Penkert Signature

1618 E 16th ave - Spokane, Wash. P. O. Address

Subscribed and sworn to before me this 8 day of September, 1943.

(SEAL) State of Washington Notary Public, residing at Spokane

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on SEP 13 1943 by Mabel Taylor, Registrar.

SEP 15 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

595-22-036-551

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 377556
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Oneida (b) City Malad City
   (c) Street Address or R.F.D. No. One
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 23 years 9 months 8 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Oneida
   (c) City Mal d City
   (d) Street Address or R.F.D. No. 1
   (e) How long has **MOTHER** lived in Idaho? 24 e yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Mary Ann Nicholas

5. Date of Birth of Child (Month, day, year) Apr. 27, 1896

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** William H. Nicholas
11. Color or Race White
12. Age at time of THIS birth 32 yrs.
13. Birthplace Brigham City, Utah (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Margaret Evans
17. Color or Race White
18. Age at time of THIS birth 24 yrs.
19. Birthplace Glamorganshire, South Wales (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child One (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name), who is related as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

State of Idaho
County of Oneida } ss.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 71 years of age, that I have known this person for 47 years, and that Dr. McAttee (First name) (Last name), who attended this birth, is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Margaret E. Nicholas Signature
Malad City, Idaho P. O. Address

Subscribed and sworn to before me this 14th day of September, 1943

(SEAL) Jas B Jones, Notary Public, residing at Malad Cy., Ida.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on SEP 16 1943 by Wm Hyde, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

SEP 24 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

695-107-031-394

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 377598
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Lewis (b) City Nezperce
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: none
(e) Mother's stay BEFORE delivery: IN THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Lewis
(c) City Nezperce
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? yrs.

3. RESIDENCE OF FATHER (city, state) deceased

4. FULL NAME OF CHILD Gwyn Winder

5. Date of Birth of Child (Month, day, year) Aug. 7, 1896

6. Sex male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME George Winder
11. Color or Race white
12. Age at time of THIS birth 30 yrs.
13. Birthplace Sierra County, California (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Etta Emma Simpson
17. Color or Race white
18. Age at time of THIS birth 24 yrs.
19. Birthplace Dallas, Oregon (City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of California } ss.
County of Sonoma }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Uncle (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 76 years of age, that I have known this person for 46 years, and that the doctor (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Joseph Q Winder Signature
(Joseph Q. Winder)
Healdsburg, California P. O. Address

Subscribed and sworn to before me this 13 day of July, 1942

(SEAL) J. L. Satchfield Notary Public, residing at Healdsburg, Calif.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on SEP 21 1943 by Mabel Holder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report ~~may be received~~ and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

259-204008-249

378829

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 378829
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Boise (b) City Placerville
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Boise
   (c) City Placerville
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 20 yrs.

3. **RESIDENCE OF FATHER** (city, state) Placerville Ida

4. **FULL NAME OF CHILD** Emma Henriette Bernatow

5. Date of Birth of Child (Month, day, year) July 4 - 1896

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Hans Bernatow
11. Color or Race white
12. Age at time of THIS birth 54 yrs.
13. Birthplace Norway (City or town) (State or foreign country)
14. Exact Occupation Carpenter
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Lyneva Alice Smidt
17. Color or Race white
18. Age at time of THIS birth 22 yrs.
19. Birthplace Wyo. (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. / Midwife — Address — Date

State of Idaho
County of Boise } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Aunt (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 67 years of age, that I have known this person for 47 years, and that Leetha J. Smidt (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ivan Boza O Olsen Signature
Horse Shoe Bend, P. O. Address

Subscribed and sworn to before me this 25th day of September, 19 43

(SEAL) Samuel A. Glaske, Notary Public, residing at

Notary Public for Idaho
Residing at Horseshoe Bend, Idaho.
My commission expires March 21, 1946

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on OCT 7 - 1943 by Mabel Fielder, Registrar.

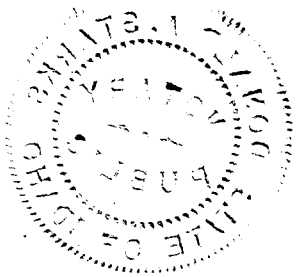
Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

OCT 7 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



864 115 008 847

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 378970
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Boise (b) City Boise
(c) Street Address or R.F.D. No. ---
(d) Name of Hospital or Maternity Home: At residence
(e) Mother's stay BEFORE delivery: IN THIS county years 10 months 1 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Boise
(c) City Boise
(d) Street Address or R.F.D. No. ---
(e) How long has MOTHER lived in Idaho? 10 mos.

3. RESIDENCE OF FATHER (city, state) 10 months

4. FULL NAME OF CHILD Kenneth Hughes Young

5. Date of Birth of Child (Month, day, year) Sept. 15, 1896

6. Sex Male

7. Twin or Triplet One

If so—born 1st, 2nd, 3rd 1st

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME George Washington Young
11. Color or Race White
12. Age at time of THIS birth 25 yrs.
13. Birthplace Salt Lake City (City or town) Utah (State or foreign country)
14. Exact Occupation Express Messenger
15. Industry or Business Railroad

MOTHER OF CHILD

16. FULL MAIDEN NAME Miriam Amelia Hughes
17. Color or Race White
18. Age at time of THIS birth 22 yrs.
19. Birthplace Salt Lake City (City or town) Utah (State or foreign country)
20. Exact Occupation Dressmaker
21. Industry or Business "

22. Name prophylactic used to prevent Ophthalmia Neonatorum Unknown

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date ____ and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

State of CALIFORNIA } ss.
County of Los Angeles }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

We the undersigned, being first duly sworn, say that ~~I am~~ We are the parents (Mother, etc.) of the person whose name appears in Item 4, above, that ~~I am~~ we are now 72 & 69 years of age, that ~~I~~ we have known this person for 47 years, and that We do not remember (First name) (Last name), who attended this birth, is deceased (Is now deceased) or (Cannot be located) We further state that the facts on the certificate above are true to the best of ~~my~~ our knowledge, and that ~~I~~ we desire to have this birth recorded under Chapter 139, 1937 Session Laws.

George Washington Young
Miriam Amelia Hughes Young
Signature

323 W. 4th St., Long Beach, Calif.
P.O. Address

Subscribed and sworn to before me this 30 day of September, 19 43

(SEAL) Cornelia L. Jones
Notary Public, residing at Long Beach, Calif

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on OCT 8 1943 by ____, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

SEP 13 1961

1943 OCT 8

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

259-117 007 886

United States
Department of Commerce
Bureau of the Census,

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 379024
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County BLAINE (b) City MOORE
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: NONE
(e) Mothers stay **BEFORE** delivery: In **THIS** county 10 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State IDAHO (b) County BLAINE
(c) City MOORE
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 10 yrs.

3. **RESIDENCE OF FATHER** (city, state) MOORE, IDAHO

4. **FULL NAME OF CHILD** JOHN HENRY KERR

5. Date of Birth of Child (Month, day, year) OCT 17 1896

6. Sex MALE

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? YES

FATHER OF CHILD

10. **FULL NAME** JAMES EDWARD KERR
11. Color or Race WHITE
12. Age at time of THIS birth 31 yrs.
13. Birthplace MTPLEASANT (City or town) IOWA (State or foreign country)
14. Exact Occupation FARMER
15. Industry or Business FARMING

MOTHER OF CHILD

16. **FULL MAIDEN NAME** SARAH ELIZABETH HOOPER
17. Color or Race WHITE
18. Age at time of THIS birth 22 yrs.
19. Birthplace SALTLAKE CITY (City or town) UTAH (State or foreign country)
20. Exact Occupation HOUSEWIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum UNKNOWN
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name), who is related as ____ (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

AFFIDAVIT

State of CALIFORNIA
County of SAN JOAQUIN } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the grand-uncle (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 82 years of age, that I have known this person for 47 YEARS years, and that MATILDA (First name) HOOPER (Last name), who attended this birth IS NOW DECEASED (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Abraham J Hooper Signature
Escalon, California P. O. Address

Subscribed and sworn to before me this 7th day of October, 19 43.

(SEAL) Samuel W. King, Notary Public, residing at Escalon

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on OCT 14 1943 by Mabel Wheeler, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

OCT 15 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth ~~which has occurred subsequent to such date,~~ such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

281-229-038-219

379039

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 379039
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Payette (b) City Payette
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 4 years 4 months — days —

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Payette
   (c) City Payette
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 67 yrs.

3. **RESIDENCE OF FATHER** (city, state) Weiser, Idaho.

4. **FULL NAME OF CHILD** Ethlyne Agnes Shannon

5. Date of Birth of Child (Month, day, year) Mar. 29-1896

6. Sex female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 mo

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Thomas Sylvester Shannon
11. Color or Race White
12. Age at time of THIS birth 28 yrs.
13. Birthplace Ft. Douglas, Utah (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Sadie Bell Bain
17. Color or Race White
18. Age at time of THIS birth 20 yrs.
19. Birthplace Butler creek, Wyoming (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum —

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living Yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 2 a.M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho
County of Owyhee } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 67 years of age, that I have known this person for 47 years, and that Mrs. Scott (First name) (Last name), who attended this birth, now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ladie B. Shannon Signature
Route 4- 7. U. S. Superhwy P. O. Address

Subscribed and sworn to before me this 11 day of October, 1943.

(SEAL) Lloyd Rutherford, Notary Public, residing at Nampa Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on OCT 14 1943 by Mabel Holden, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

OCT 16 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

133-228022-415

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

OCT 20 1943

State File No. 380358
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Fremont (b) City Victor
   (c) Street Address or R.F.D. No. ----
   (d) Name of Hospital or Maternity Home: None
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years 10 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Fremont
   (c) City Victor
   (d) Street Address or R.F.D. No. ----
   (e) How long has **MOTHER** lived in Idaho? 10 months yrs.

3. **RESIDENCE OF FATHER** (city, state) Victor, Idaho

4. **FULL NAME OF CHILD** Maggie Lonora Allen

5. Date of Birth of Child (Month, day, year) June 28, 1896

6. Sex Female

7. Twin or Triplet Single If so—born 1st, 2nd, 3rd 4th

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Hyrum Beal Allen
11. Color or Race White
12. Age at time of THIS birth 34 yrs.
13. Birthplace Provo, Utah (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Rachel Elizabeth Davis
17. Color or Race White
18. Age at time of THIS birth 29 yrs.
19. Birthplace Kanarrah, Utah (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 3 children living at time of this birth None

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

State of Utah } ss.
County of Utah }

I, the undersigned, being first duly sworn, say that I am the aunt (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 72 years of age, that I have known this person for 47 years, and that Lovina Drake (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary Allen Signature
Payson, Utah P. O. Address

Subscribed and sworn to before me this 14th day of October, 1943

(SEAL) My Commission Expires 1944 C. Law, Notary Public, residing at Payson, Ut.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on OCT 22 1943 by Mabel Fields, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

OCT 22 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, ~~has not been~~ recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may ~~be received and~~ filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having ~~direct knowledge~~ in the premises.

815-214029 394

380415

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. **PLACE OF BIRTH:**
(a) County Latah (b) City Volmer
(c) Street Address or R F D No.....
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home.....days.
In **THIS** county.....years.....months.....days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Latah
(c) City Volmer
(d) Street Address or R.F.D. No.....
(e) How long has **MOTHER** lived in Idaho? 3 yrs.
(f) Mother's mailing address Volmer, Idaho

3. **RESIDENCE OF FATHER** (city, state).....

4. **FULL NAME OF CHILD** Maggie Ellen Hanning

5. Date of Birth (Month, day, year) July 14, 1896

6. Sex female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Fred Wm. Hanning
11. Color or Race W
12. Age at time of THIS birth 25 yrs.
13. Birthplace Minnesota (City or town) (State or foreign country)
14. Exact Occupation Common Laborer
15. Industry or Business Labor

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Lottie Timmons
17. Color or Race W
18. Age at time of THIS birth 21 years
19. Birthplace Iowa (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business own home

22. Name prophylactic used to prevent Ophthalmia Neonatorum .....
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2 (c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 12. M. on the date and at the place stated above, and that personal particulars were furnished by Mrs. R.C. Williams (First name) (Last name), who is related to this child as Mother (Mother, etc.)

26. (a) OCT 6 1943 (Date received) (b) Maud Fidler (Registrar's signature)

27. Given name added on.....by.....(Registrar's signature)

25. Attendant's **OWN signature**.....M.D. or.....(D.O., Midwife, etc.)
and address Date

State of Washington }
County of Lincoln } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Mrs. R.C. Williams, being first duly sworn, say that I am related to (Related to (or) acquainted with) Maggie Ellen Hanning (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that the midwife (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Mrs R C Williams Name

Davenport, Washington. P. O. Address

Subscribed and sworn to before me on this 8th day of October 1940

(SEAL) [signature] Notary Public, residing at Davenport Wn

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

OCT 27 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

695-217009-385

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 380446
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bonner (b) City Bonners Ferry
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 5 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bonner
   (c) City Bonners Ferry
   (d) Street Address or R.F.D. No. 1
   (e) How long has **MOTHER** lived in Idaho? 7 yrs.

3. **RESIDENCE OF FATHER** (city, state) Bonners Ferry, Ida

4. **FULL NAME OF CHILD** Gardie Ellen Field

5. Date of Birth of Child (Month, day, year) Sept 17, 1896

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Smith Field
11. Color or Race White
12. Age at time of THIS birth 46 yrs.
13. Birthplace Decatur (City or town) Illinois (State or foreign country)
14. Exact Occupation Draymann
15. ~~Industry or~~ Business for self.

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Achsah Valtaline Chesley
17. Color or Race White
18. Age at time of THIS birth 40 yrs.
19. Birthplace Sherman (City or town) New York (State or foreign country)
20. Exact Occupation House-wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Do not know.
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name), who is related as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

AFFIDAVIT

State of Oregon
County of Multnomah } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 64 years of age, that I have known this person for 47 years, and that Mrs Mary Pearson (First name) (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Myrtle M. Jameson - Signature
1010-NW 17th Ave Portland P. O. Address
Oregon.

Subscribed and sworn to before me this 14th day of Oct, 1943

(SEAL)

NOTARY PUBLIC FOR OREGON
MY COMMISSION EXPIRES DEC. 12, 1944

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on OCT 28 1943 by ____, Registrar.

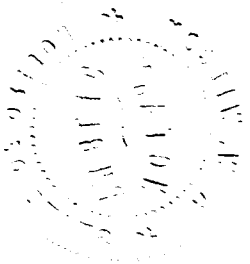
Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

OCT 29 19

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



689-213022-1145

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 380509
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Fremont (b) City St-anthony
(c) Street Address or R.F.D. No. none
(d) Name of Hospital or Maternity Home: In mothers own home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 11 years 10 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City St-anthony
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? did 27 yrs.

3. **RESIDENCE OF FATHER** (city, state) Memphis Tenn

4. **FULL NAME OF CHILD** Gwendolyn Eliza Whiite

5. Date of Birth of Child (Month, day, year) Nov 13 1896

6. Sex

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Charles Richard Whiite
11. Color or Race White
12. Age at time of THIS birth 24 yrs.
13. Birthplace Ogden (City or town) Weber Co Utah (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Alice Dunton
17. Color or Race White
18. Age at time of THIS birth 19 yrs.
19. Birthplace Paragonah Iron Co Utah (City or town) (State or foreign country)
20. Exact Occupation Home life
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum i dont no
23. Number of children of this mother: (a) At time of birth and including this child first (b) Born alive and now living none

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

State of CALIFORNIA
County of LOS ANGELES } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the MOTHER (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 65 years of age, that I have known this person for 46 years, and that Dr. W. J. Middleton (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary Alice Whiite Signature

1319 North Catalina Ave. Los Angeles P. O. Address

Subscribed and sworn to before me this 20th day of February, 1943

(SEAL) My Commission Expires April 15, 1944 Mary L. Carson Notary Public, residing at Hollywood, California

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on NOV 2 1943 by ..... Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

NOV 2 1948

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

666-118001-355

380532

380532

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 380532
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Ada (b) City Boise
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: Private home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Ada
   (c) City Boise
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 22 yrs.

3. **RESIDENCE OF FATHER** (city, state) Idaho

4. **FULL NAME OF CHILD** Boyd Alfred Woods

5. Date of Birth of Child (Month, day, year) Jan 18 1896

6. Sex male

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy nine

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Roan Sheridan Woods
11. Color or Race white
12. Age at time of THIS birth 24 yrs.
13. Birthplace Arkansas (City or town) (State or foreign country)
14. Exact Occupation Laborer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Eva May Lee
17. Color or Race white
18. Age at time of THIS birth 22 yrs.
19. Birthplace Bellevue (City or town) Idaho (State or foreign country)
20. Exact Occupation house wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child One (b) Born alive and now living one

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Ada } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 70 years of age, that I have known this person for life years, and that Dr. Fairchild (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

R S Woods Signature

Horseshoe Bend, Idaho P. O. Address

Subscribed and sworn to before me this 15 day of November, 19 43

(SEAL) Pauline Ambrose, Notary Public, residing at Boise, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Nov. 15-1943 by Mary Fidler, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

NOV 13 1941

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

397-213-007-814

380553

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 380553
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Owyhee (b) City Silver
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Owyhee
   (c) City Silver City
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? native yrs.

3. **RESIDENCE OF FATHER** (city, state) Silver City Idaho

4. **FULL NAME OF CHILD** Mary Lucille Lippincott

5. Date of Birth of Child (Month, day, year) Feb 13, 1896

6. Sex female

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Albert Church Lippincott
11. Color or Race white
12. Age at time of THIS birth 33 yrs.
13. Birthplace Columbia Falls, Maine (City or town) (State or foreign country)
14. Exact Occupation physician & surgeon
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Emma Elizabeth Nagg
17. Color or Race white
18. Age at time of THIS birth 21 yrs.
19. Birthplace Idaho City, Idaho (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

State of Idaho
County of Ada } ss.

I, the undersigned, being first duly sworn, say that I am the Aunt (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 54 years of age, that I have known this person for life time years, and that Victoria H. Jones (First name) (Last name), who attended this birth declared (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Victoria H. Jones Signature
108 Ave B. Boise Idaho P. O. Address

Subscribed and sworn to before me this 23 day of November, 1943

(SEAL) Thelma Ambrose, Notary Public, residing at Boise, Ada

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Nov. 23-1943 by Mabel Hodgin, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

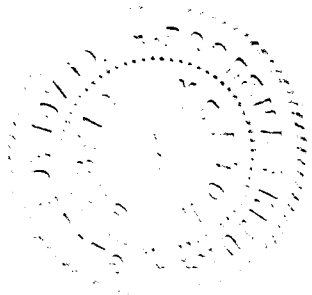
MAR 15 1968

NOV 23 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



3526

293-209 032-666

380604

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 380604
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Lincoln (b) City Shoshone
   (c) Street Address or R.F.D. No. Country
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years 9 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Lincoln
   (c) City Shoshone
   (d) Street Address or R.F.D. No. Country
   (e) How long has **MOTHER** lived in Idaho? 10 months

3. **RESIDENCE OF FATHER** (city, state) Shoshone, Idaho.

4. **FULL NAME OF CHILD** Cora Rose Silva

5. Date of Birth of Child (Month, day, year) Aug. 9th, 1896.

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes.

FATHER OF CHILD

10. **FULL NAME** Manuel Silva
11. Color or Race White
12. Age at time of THIS birth 23 yrs.
13. Birthplace Azores Islands, off Portugal (City or town) (State or foreign country)
14. Exact Occupation Cattleman
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Julia Alice Fowler
17. Color or Race White
18. Age at time of THIS birth 20 yrs.
19. Birthplace Indiana (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child one (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name), who is related as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

AFFIDAVIT

State of California
County of Los Angeles } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Julia Alice Fowler Silva (Mother, etc.) the person whose name appears in Item 4, above, that I am now 67 years of age, that I have known this person for ____ years, and that ____ (First name) ____ (Last name), who attended this birth ____ (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Julia Alice Fowler Silva Signature

52 S. Golden Ave, Long Beach, Calr. O. Address

Subscribed and sworn to before me this 12th day of October, 1943.

(SEAL) Harriet Taylor, Notary Public, residing at Long Beach, Cal

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) Com. Expires 12/2/45.

Received for filing on NOV 9 1943 by ____, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

NOV 9 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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243-229-022-465

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 381816
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Fremont (b) City Teton
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: Mothers home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 12 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Fremont
   (c) City Teton
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 12 yrs.

3. **RESIDENCE OF FATHER** (city, state) Teton Idaho

4. **FULL NAME OF CHILD** Marion Levina Butt

5. Date of Birth of Child (Month, day, year) Dec. 29/1896

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** John Edward Butt
11. Color or Race White
12. Age at time of THIS birth 32 yrs.
13. Birthplace Parowan (City or town) Utah (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Aliee Donaldson
17. Color or Race White
18. Age at time of THIS birth 30 yrs.
19. Birthplace Meadon (City or town) Utah (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child Five (b) Born alive and now living Four

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife ..... Address ..... Date .....

State of Idaho
County of Madison } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 76 years of age, that I have known this person for 46 years, and that Jane Graham (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary alice Butt Signature

Teton City, Idaho P. O. Address

Subscribed and sworn to before me this 12th day of November, 1943

(SEAL) Mary Smith, Notary Public, residing at Rexburg, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on NOV 26 1943 by ..... Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

NOV 26 1968

FEB 15 1956

DEC 20 1960

OCT 3 1983

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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239-204009-459

381827

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County (b) City Pack River
   (c) Street Address or R.F.D. No. Near Hope Idaho
   (d) Name of Hospital or Maternity Home: Born at home
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county years months 6 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County
   (c) City Sand Point Idaho - Northern Pac
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 3 mo yrs.

3. **RESIDENCE OF FATHER** (city, state) same as above

4. **FULL NAME OF CHILD** Ada May Sturgeon

5. Date of Birth of Child (Month, day, year) April 4 - 1896

6. Sex - Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Charles Marion Sturgeon
11. Color or Race White
12. Age at time of THIS birth 40 yrs.
13. Birthplace New London (City or town) Canada (State or foreign country)
14. Exact Occupation Bridge watchman
15. Industry or Business Northern Pacific Railway

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Zella Merrill [redacted]
17. Color or Race White
18. Age at time of THIS birth 29 yrs.
19. Birthplace Albany (City or town) Oregon (State or foreign country)
20. Exact Occupation Housewife -
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum none

23. Number of children of this mother: (a) At time of birth and including this child one. (b) Born alive and now living 4yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of California } ss.
County of San Francisco }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 47 years of age, that I have known this person for 47 years, and that Dr. (First name) Feiberg (Last name) (M.D. physician) who attended this birth is deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ella M. Sturgeon Signature

Sturgeon P. O. Address

Subscribed and sworn to before me this 18th day of November, 1943

(SEAL) Rita D. Lovgland Notary Public, residing at San Francisco Calif

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

NOV 30 1943

Received for filing on by Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 1 1949

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

253-204-044-364

381835

United States Department of Commerce Bureau of the Census

NOV 17 1943

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Washington (b) City Meadows
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: 11 IN **THIS** county 11 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Washington
(c) City
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 37 yrs.

3. **RESIDENCE OF FATHER** (city, state) Meadows Ida

4. **FULL NAME OF CHILD** Marie Madeline Becker

5. Date of Birth of Child (Month, day, year) Feb. 4 - 1896

6. Sex female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Edward John Becker
11. Color or Race White
12. Age at time of THIS birth 30 yrs.
13. Birthplace Burlington (City or town) Wisconsin (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Leota Alice Todd
17. Color or Race White
18. Age at time of THIS birth 20 yrs.
19. Birthplace Princeton (City or town) Missouri (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother etc.) (deceased).

25. Attendant's **OWN** signature Catherine Huff M.D. Midwife Address Meadows Ida. Date NOV 13-43

State of
County of } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Annie E Brigham Signature

Meadows Idaho P. O. Address

Subscribed and sworn to before me this 13 day of Nov, 1943

(SEAL) Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on NOV 30 1943 by , Registrar.

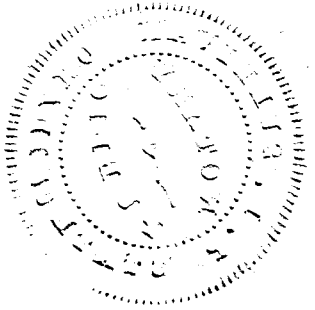
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 1 1948

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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847-179-004-229

381891

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 381891
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bear Lake (b) City Montpelier
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: Home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bear Lake
   (c) City Montpelier
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Howard Harrison Hughart

5. Date of Birth of Child (Month, day, year) April 19, 1896

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** William Marion Hughart
11. Color or Race White
12. Age at time of THIS birth 32 yrs.
13. Birthplace Bevington, Iowa (City or town) (State or foreign country)
14. Exact Occupation Switchman
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Leah Elizabeth Skinner
17. Color or Race White
18. Age at time of THIS birth 22 yrs.
19. Birthplace Providence, Utah (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

AFFIDAVIT

State of
County of } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 69 years of age, that I have known this person for 47 years, and that Mrs. Hilliard (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Leah E. Hughart Signature
1014 Diener st Boise Ida. P. O. Address

Subscribed and sworn to before me this 27 day of December, 1943

(SEAL) Clarence Ambrose, Notary Public, residing at Boise

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Dec 27-1943 by Mabel Fuller, Registrar.

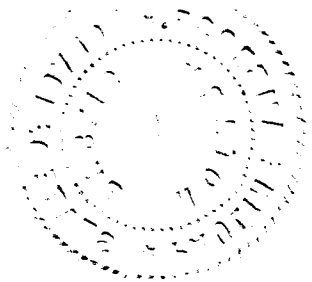
Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 23 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



912.218022.154

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 383100
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Fremont (b) City Kilgore
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 6 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Fremont
   (c) City Kilgore
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 6 yrs.

3. **RESIDENCE OF FATHER** (city, state) Kilgore, Idaho

4. **FULL NAME OF CHILD** Elna Rasmussen

5. Date of Birth of Child (Month, day, year) June 18, 1896

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Gotlieb Rasmussen
11. Color or Race white
12. Age at time of THIS birth 35 yrs.
13. Birthplace Kaysville, Utah (City or town) (State or foreign country)
14. Exact Occupation rancher
15. Industry or Business ranch

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Annie Anderson
17. Color or Race white
18. Age at time of THIS birth 32 yrs.
19. Birthplace Hyrum, (City or town) Utah (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business ranch

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Bannock } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 79 years of age, that I have known this person for 47 years, and that Dr Thomas Turton (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Annie Rasmussen Signature

736 W Bridger, Pocatello, Idaho P. O. Address

Subscribed and sworn to before me this 26th day of November, 1943.

(SEAL) B. H. Lyon, Notary Public, residing at Pocatello, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 24 1943 by Myrtle Hess, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 28 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 ~~Session Laws, has not been recorded,~~ or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Ada (b) City Boise
   (c) Street Address or R.F.D. No. 5 miles from Boise
   (d) Name of Hospital or Maternity Home: At home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county ____ years ____ months ____ days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Ada
   (c) City 5 miles from Boise
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 10 years

3. **RESIDENCE OF FATHER** (city, state) 5 miles from Bois

4. **FULL NAME OF CHILD** Webster Powell

5. Date of Birth of Child (Month, day, year) Sept. 4, 1896

6. Sex Male

7. Twin or Triplet ____ If so—born 1st, 2nd, 3rd ____

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Charles Albert Powell
11. Color or Race White
12. Age at time of THIS birth 42 yrs.
13. Birthplace Missouri (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Agricultural

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Lida A. Webster
17. Color or Race White
18. Age at time of THIS birth 43 yrs.
19. Birthplace Crawfordsville, Indiana (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Home making

22. Name prophylactic used to prevent Ophthalmia Neonatorum Don't know
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name), who is related as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

State of California
County of Los Angeles } ss.

I, the undersigned, being first duly sworn, say that I am the sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 52 years of age, that I have known this person for 47 years, and that Doctor. (First name) ____ (Last name), who attended this birth is deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

X Mrs Jean W Easton Signature

445 Westbourne Drive, Los Angeles, Calif. Address

Subscribed and sworn to before me this 20 day of December, 19 43

(SEAL)

James W Stanbery, Notary Public, residing at Los Angeles, California.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 28 1943 by Mabel Holden, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 28 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 383218
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Ada (b) City Boise
   (c) Street Address or R.F.D. No. 1224 E. Jeff
   (d) Name of Hospital or Maternity Home: None
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 8 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State (b) County
   (c) City
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Orville Angus McNutt

5. Date of Birth of Child (Month, day, year) 4-23-1896

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Robert B. McNutt
11. Color or Race American
12. Age at time of THIS birth 29 yrs.
13. Birthplace Cap Hills, (City or town) W. Va. (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Jane Coul
17. Color or Race American
18. Age at time of THIS birth 25 yrs.
19. Birthplace [illegible] (City or town) Indiana (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this ~~mother~~: (a) At time of birth and including this child 3 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (Born alive, stillborn) at 8 P.M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as aunt (Mother, etc.)

25. Attendant's **OWN** signature Margaret Wright ~~MD~~ Midwife Address 524 Boise Idaho 5014th St Date 1/22/44

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

State of
County of } ss.

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Margaret Wright X Signature

P. O. Address

Subscribed and sworn to before me this 22 day of June, 1944

(SEAL) W. W. Howell, Notary Public, residing at Boise Idaho.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 24 1944 by Mabel Wilson, Registrar.

JAN 24 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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383242

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 383242
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Ada (b) City Boise
(c) Street Address or R.F.D. No. 813 Franklin St.
(d) Name of Hospital or Maternity Home: none
(e) Mother's stay **BEFORE** delivery: native citizen
IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Elmore
(c) City Atlanta
(d) Street Address or R.F.D. No. Main St.
(e) How long has **MOTHER** lived in Idaho? 20 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Earl Baxter Smith

5. Date of Birth of Child (Month, day, year) May 9, 1896

6. Sex male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 7

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Cyrus V. Smith
11. Color or Race white
12. Age at time of THIS birth 46 yrs.
13. Birthplace Altoona (City or town), Pennsylvania (State or foreign country)
14. Exact Occupation Merchant
15. Industry or Business General merchandise

MOTHER OF CHILD

16. FULL MAIDEN NAME Julia M. Baxter
17. Color or Race white
18. Age at time of THIS birth 38 yrs.
19. Birthplace Patterson (City or town), New Jersey (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business none

22. Name prophylactic used to prevent Ophthalmia Neonatorum dont know

23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

State of Idaho } ss.
County of Ada }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Aunt (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 78 years of age, that I have known this person for over 46 years, and that Dr. (First name) Carol Sweet (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Carrie L. Baxter Signature
222 Bannock St., Boise, Idaho P. O. Address

Subscribed and sworn to before me this 4th day of January, 1943.

(SEAL) Nina Coffott Notary Public, residing at Boise, Idaho

(Note: Perjury is punishable as a felony in Idaho, see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Jan 31-1944 by Mabel Felder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

OCT 26 1965
NOV 30 1970

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AUG 22 1957

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States
Department of Commerce
Bureau of the Census

JAN 17 1944

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Madison (b) City Rexburg
   (c) Street Address or R.F.D. No. Moody Creek
   (d) Name of Hospital or Maternity Home: ****
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 2 years ? months ? days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Madison
   (c) City Rexburg
   (d) Street Address or R.F.D. No. Moody Creek
   (e) How long has **MOTHER** lived in Idaho? 2 yrs.

3. **RESIDENCE OF FATHER** (city, state) Rexburg, Idaho

4. **FULL NAME OF CHILD** Frank Lorentz Ward

5. Date of Birth of Child (Month, day, year) July 25, 1896

6. Sex male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** William Ward
11. Color or Race white
12. Age at time of THIS birth 36 yrs.
13. Birthplace ? (City or town) Kansas (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Anna Elizabeth Lawrence
17. Color or Race white
18. Age at time of THIS birth 17 yrs.
19. Birthplace Altamont (City or town) Illinois (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum none

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 12 M. on the date and at the place stated above, and that personal particulars were furnished by Anna Elizabeth (First name) Ward (Last name), who is related as mother (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

AFFIDAVIT

State of Washington
County of King } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 64 years of age, that I have known this person for 47 years, and that midwife (First name) name unknown (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Anna Elizabeth Thompson Signature

7006-14th Ave. N. E. P. O. Address
Seattle 5, Washington

Subscribed and sworn to before me this 12th day of January, 19 44

(SEAL) Wallace Bartholomew, Notary Public, residing at Seattle

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 19 1944 by Mary Fuller, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 21 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 384496
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bingham (b) City Firth
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: At the home of Family
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 7 years 3 months 20 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bingham
   (c) City Firth, (then a part of Basalt.)
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 7 yrs.

3. **RESIDENCE OF FATHER** (city, state) Firth, Idaho

4. **FULL NAME OF CHILD** Rachel Dye [redacted]

5. Date of Birth of Child (Month, day, year) Feb. 20, 1896

6. Sex female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Joseph Henry Dye
11. Color or Race white
12. Age at time of THIS birth 28 yrs.
13. Birthplace Riverdale, Weber Co., Utah (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Nellie Dora Child
17. Color or Race white
18. Age at time of THIS birth 25 yrs.
19. Birthplace Riverdale, Weber Co., Utah (City or town) (State or foreign country)
20. Exact Occupation House Keeping
21. Industry or Business Homemaking

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. / Midwife — Address — Date

AFFIDAVIT

State of Idaho, County of Bingham } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now seventy three years of age, that I have known this person for forty seven years, and that Maria (First name) Ingelstrom (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Nellie D. G. Dye — Signature

Basalt, Idaho — P. O. Address

Subscribed and sworn to before me this 20 day of January, 19 44.

(SEAL)

H. R. Messick — Notary Public, residing at Basalt, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 27 1944 by Mabel Mulder, Registrar.

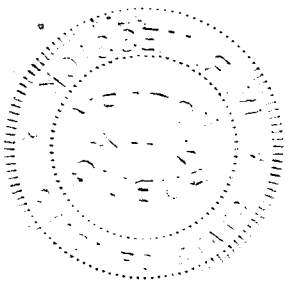
Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 28 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 384592
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bonneville (b) City Taylorville
   (c) Street Address or R.F.D. No. 6
   (d) Name of Hospital or Maternity Home: Our own home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 11 years approx. months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bonneville
   (c) City Taylorville
   (d) Street Address or R.F.D. No. 6
   (e) How long has **MOTHER** lived in Idaho? Approx-11 yrs.

3. **RESIDENCE OF FATHER** (city, state) Taylorville, Ida.

4. **FULL NAME OF CHILD** Lester Wadsworth

5. Date of Birth of Child (Month, day, year) Dec., 21, 1896

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy Nine

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Abiah Wadsworth
11. Color or Race white
12. Age at time of THIS birth 47 yrs.
13. Birthplace Iowa (City or town) (State or foreign country)
14. Exact Occupation Rancher
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Sarah Cornelia Robinson
17. Color or Race White
18. Age at time of THIS birth 40 yrs.
19. Birthplace Morgan County Utah (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 12 (b) Born alive and now living 10

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. / Midwife — Address — Date

AFFIDAVIT

State of California
County of Los Angeles } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 70 years of age, that I have known this person for 47 years, and that Dr Robinson (First name) given Name unknown (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Eva L Rogers (Mrs) Wadsworth Signature
1841 E. 132nd St, Compton, Cal P.O. Address

Subscribed and sworn to before me this 29th day of January, 1944.

(SEAL) Fred N. Lakeland, Notary Public, residing at Compton, Cal

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) My Commission Expires October 10, 1945

Received for filing on FEB 4 1944 by Mary [illegible], Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 4 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such ~~date, such report may be received and~~ filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

142115-003-773

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

384660

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. **PLACE OF BIRTH:**
(a) County Bannock (b) City Pocatello
(c) Street Address or R F D No. 424 So. 6th St
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home.....days.
In **THIS** county 5 years 1 months 1 days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State..... (b) County.....
(c) City Pocatello
(d) Street Address or R.F.D. No.....
(e) How long has **MOTHER** lived in Idaho?.....yrs.
(f) Mother's mailing address Pocatello

3. **RESIDENCE OF FATHER** (city, state).....

4. **FULL NAME OF CHILD** Harry William Just

5. Date of Birth (Month, day, year) July 15 - 1896

6. Sex. Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Henry John Just

11. Color or Race White

12. Age at time of THIS birth 30 yrs.

13. Birthplace Madison (City or town) Wisconsin (State or foreign country)

14. Exact Occupation Railroad Conductor O.S.L.

15. Industry or Business Railroad

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Phebe Elizabeth Pilgrim

17. Color or Race White

18. Age at time of THIS birth 22 years

19. Birthplace Smithfield (City or town) Utah (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent ~~Ophthalmia~~ Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 2 (c) Born alive and now dead 1 (d) Stillborn None

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....(born alive, stillborn) at.....M. on the date and at the place stated above, and that personal particulars were furnished by.....(First name) (Last name), who is related to this child as.....(Mother, etc.)

26. (a) FEB 9 1944 (Date received) (b) Mabel Fuller (Registrar's signature)

27. Given name added on.....by.....(Registrar's signature)

25. Attendant's **OWN** signature Deceased, M.D. or.....(D.O., Midwife, etc.)
and address Date

State of Washington } ss.
County of King }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Mrs. Rose B. Rutherfall, being first duly sworn, say that I am.....(Related to (or) acquainted with) Harry William Just (Name of person on certificate above) as.....(State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Price (Name of attendant at birth), who attended said birth.....(Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Mrs. Rose B. Rutherfall Name

805- Bergen Ave. P. O. Address

Subscribed and sworn to before me on this 31st day of Jan. 1944

(SEAL) ..... Notary Public, residing at Seattle Wn.

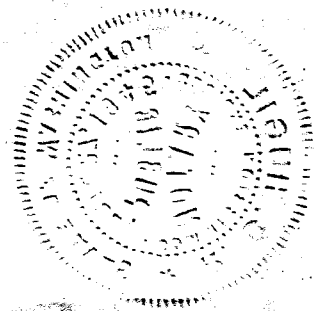
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 10 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



249 124 025-394

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 384672
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Idaho (b) City Grangeville
   (c) Street Address or R.F.D. No. Unknown
   (d) Name of Hospital or Maternity Home: Neither - At residence.
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 7 years 11 months 3 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Idaho
   (c) City Grangeville
   (d) Street Address or R.F.D. No. Unknown
   (e) How long has **MOTHER** lived in Idaho? 11 Months yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Robert Gordon Burlingame

5. Date of Birth of Child (Month, day, year) Jan. 24. 1896

6. Sex Male

7. Twin or Triplet No.

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Watson Eugene Burlingame
11. Color or Race White
12. Age at time of THIS birth 30 yrs.
13. Birthplace St. Paul (City or town) Minn. (State or foreign country)
14. Exact Occupation Blacksmith & farmer
15. Industry or Business Blacksmith & farmer

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Almyrtle Sophronia Tidwell
17. Color or Race White
18. Age at time of THIS birth 20 yrs.
19. Birthplace Omaho (City or town) Nebraska (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None -
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name), who is related as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. / Midwife ____ Address ____ Date ____

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

State of Oregon
County of Umatilla } ss.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now Sixty-eight years of age, that I have known this person for forty-eight years, and that Dr. (First name) Bibby (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Myrtle S Larcom Signature
746 No. 8th St. Walla Walla, Wash P. O. Address

Subscribed and sworn to before me this Tenth day of February, 19 44

(SEAL)

Elizabeth Mackay Notary Public for Oregon, residing at Milton Oregon
My commission expires July 8, 1944

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated, 1932.)

Received for filing on FEB 14 1944 by ____, Registrar.

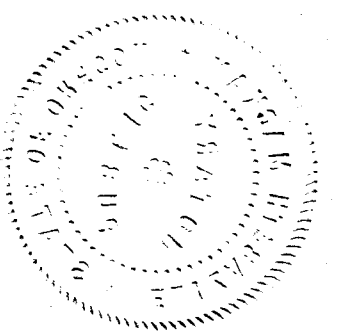
Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 14 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



791-214 040-255

384686

United States
Department of Commerce
Bureau of the Census

FEB 11 1944

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Shoshone (b) City
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: none
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Shoshone
   (c) City
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 1 yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Lena Gertrude Piatt

5. Date of Birth of Child (Month, day, year) Oct. 14, 1896

6. Sex F

7. Twin or Triplet /

If so—born 1st, 2nd, 3rd /

8. No. months of Pregnancy full

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** :ayfayette W Piatt
11. Color or Race W
12. Age at time of THIS birth 31 yrs.
13. Birthplace near DesMoines Iowa (City or town) (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Elvira Jane Bennett
17. Color or Race W
18. Age at time of THIS birth 25 yrs.
19. Birthplace Cass Co. Iowa (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Washington
County of Snohomish } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 70 years of age, that I have known this person for lifetime years, and that Lena Gertrude Piatt (First name) (Last name) no one who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Elvira Jane Gerrard Signature

2008 Pacific, Everett. Wash. P. O. Address

Subscribed and sworn to before me this 9th day of Febry, 1944

(SEAL) A. P. Bowden, Notary Public, residing at Everett Wash

Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated Commission 3-25-44

Received for filing on FEB 14 1944 by Mabel Fielder, Registrar.

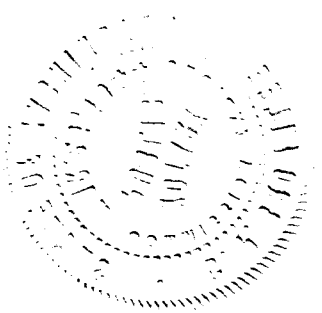
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FEB 14 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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793 26021 386

384694

United States Department of Commerce Bureau of the Census

FEB 11 1944 (Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Franklin (b) City Fairview
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Franklin
   (c) City Fairview
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 9 yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Alice Gilbert

5. Date of Birth of Child (Month, day, year) March 16, 1896

6. Sex

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** Elijah Gilbert
11. Color or Race white
12. Age at time of THIS birth 41 yrs.
13. Birthplace Crafton Wilts, (City or town) England (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business own farm

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Agnes Lillian Thompson
17. Color or Race white
18. Age at time of THIS birth 28 yrs.
19. Birthplace Richmond, (City or town) utah (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by x James H. Corbridge (First name) (Last name), who is related as ~~neighbor~~ Uncle (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

State of Idaho } ss.
County of Franklin }

I, the undersigned, being first duly sworn, say that I am the ~~neighbor~~ Uncle (Mother, etc.) of the person whose name appears in Item 4, above, that I am now x 70 years of age, that I have known this person for 48 years, and that Sarah Gilbert (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

James H. Corbridge Signature

Preston Idaho P. O. Address

Subscribed and sworn to before me this 9th day of Feb, 1944

(SEAL) Arthur W. Parker, Notary Public, residing at Preston Ida.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 11 1944 by Mabel Felder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 14 1944

DELAYED REGISTRATION LAW

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318-2[illegible]86-855

United St[illegible] (Be sure the information is [illegible] of date [illegible] birth of THIS child.) State File No. 384703

Departme[illegible]ommerce **CERTIFICATE OF BIRTH** Local Reg. No.

Bureau o[illegible]ensus **STATE OF IDAHO** Reg. Dist. No.

1. **PLAC[illegible]BIRTH** (All items at time of this birth)
(a) Cou[illegible] Oneida (b) City Clifton
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Oneida
(c) City Clifton
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? deceased yrs.

3. **RESIDENCE OF FATHER** (city, state) Logan, Utah.

4. **FULL NAME OF CHILD** Laney Pearl Taylor [redacted]

5. Date of Birth of Child (Month, day, year) Aug. 30 1896

6. Sex Female 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy 9 9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** John Emerson Taylor
11. Color or Race White 12. Age at time of THIS birth 38 yrs.
13. Birthplace Spanish Fork (City or town) Utah (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Edith alice Henderson
17. Color or Race White 18. Age at time of THIS birth 37 yrs.
19. Birthplace Hyrum (City or town) Utah (State or foreign country)
20. Exact Occupation House-wife.
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living yes.

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

AFFIDAVIT

State of Idaho } ss.
County of Bannock }

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 85 years of age, that I have known this person for 47 years, and that Jane Howell (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

John E. Taylor Signature

Logan, Utah P. O. Address

Subscribed and sworn to before me this 29th day of January, 19 44

(SEAL) [illegible] Notary Public, residing at Lava Hot Springs Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 14 1944 by [illegible] Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETE certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires advance payment of fifty cents, money order or coin.

FEB 14 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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411-218-205-453

385873

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 385873
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County ____ (b) City Carey
   (c) Street Address or R.F.D. No. Rural Dist (No R.F.D.)
   (d) Name of Hospital or Maternity Home: At own farm home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county Naturally born citizen months ____ days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County ____
   (c) City Carey
   (d) Street Address or R.F.D. No. ____
   (e) How long has (had) **MOTHER** lived in Idaho? 17 yrs.

3. **RESIDENCE OF FATHER** (city, state) Carey, Idaho

4. **FULL NAME OF CHILD** Letitia Inez Graham

5. Date of Birth of Child (Month, day, year) Feb. 19, 1896

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Wm. David Graham
11. Color or Race White
12. Age at time of THIS birth 36 yrs.
13. Birthplace Eureka, (City or town) California (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Rowena Scott Decatur
17. Color or Race White
18. Age at time of THIS birth 33 yrs.
19. Birthplace Providence (City or town) Rhode Island. (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum X
23. Number of children of this mother: (a) ~~At time of birth and including this child~~ 6 (b) ~~Born alive and now living~~ 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

AFFIDAVIT

State of California
County of Alameda } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Grace Caroline Yates (Sister) (~~Mother~~, etc.) of the person whose name appears in Item 4, above, that I am now (Sixty) years of age, that I have known this person for Sixty Eight years, and that Elizabeth (First name) Billingsley (Last name), who attended this birth 2nd Nondeceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Grace Caroline Yates Signature

1529-39th Avenue Oakland, Calif. P. O. Address

Subscribed and sworn to before me this 17th day of February, 1944

(SEAL) Merrill Kessler, Notary Public, residing at 1418 Fruitvale Ave (Oakland)

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 21 1944 by Merrill Kessler, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

SEP 23 1963

FEB 25

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce
Bureau of the Census

NOV 15 1943 (Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 385915
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Lincoln (b) City Shoshone
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State (b) County
   (c) City
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Beulah Redd Dunn

5. Date of Birth of Child (Month, day, year) Sept. 29-1896

6. Sex F

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** Oliver Clato Dunn
11. Color or Race White
12. Age at time of THIS birth yrs.
13. Birthplace (City or town) (State or foreign country)
14. Exact Occupation Farmer & Sheepman
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ilda Bates
17. Color or Race White
18. Age at time of THIS birth yrs.
19. Birthplace (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child None (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. / Midwife — Address — Date

State of Idaho } ss.
County of Twin Falls }

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 70 years of age, that I have known this person for 47 years, and that Mrs. L. O'Connor (midwife), who attended this birth now deceased. I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

(First name) (Last name) (Is now deceased) or (Cannot be located)

Mrs Ilda Dunn Signature

P. O. Address

Subscribed and sworn to before me this 12th day of November 1943.

(SEAL) Stuart H. Taylor, Notary Public, residing at Twin Falls

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 28 1944 by Mabel Fielder, Registrar.

MAR 6 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the ~~Bureau of Vital Statistics for the~~ purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 385975
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Fremont (b) City Lyman
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 14 years 1 months 27 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State IDAho (b) County Fremont
   (c) City Lyman
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 17 yrs.

3. **RESIDENCE OF FATHER** (city, state) Lyman Idaho

4. **FULL NAME OF CHILD** Mabel Ray Robison

5. Date of Birth of Child (Month, day, year) February 10-1926

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Heber C. Robison
11. Color or Race White
12. Age at time of THIS birth 33 yrs.
13. Birthplace Morgan (City or town) Utah (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Sophia Foss
17. Color or Race White
18. Age at time of THIS birth 32 yrs.
19. Birthplace Hyrum (City or town) Utah (State or foreign country)
20. Exact Occupation House-wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife ..... Address ..... Date .....

AFFIDAVIT

State of Idaho
County of Bonneville } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 76 years of age, that I have known this person for 18 years, and that Mrs Robert (First name) Wylie (Last name), who attended this birth Is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Sophia Robison Signature

Idaho Falls, Idaho P. O. Address

Subscribed and sworn to before me this 24 day of February, 19 44

(SEAL) Geneva Crosen Notary Public, residing at Idaho Falls Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 6 1944 by Mary Fielder, Registrar.

MAR 9 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

345 217 029 795

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 387369
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Latah (b) City Avon
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 11 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Latah
   (c) City Avon
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 11 yrs.

3. **RESIDENCE OF FATHER** (city, state) Avon, Idaho

4. **FULL NAME OF CHILD** CATHARINE ALICE LUNSFORD

5. Date of Birth of Child (Month, day, year) August 17, 1896

6. Sex Female

7. Twin or Triplet No

If so—born 1st, 2nd, 3rd -

8. No. months of Pregnancy nine

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** James Harvey Lunsford
11. Color or Race White
12. Age at time of THIS birth 45 yrs.
13. Birthplace Indiana (City or town) (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business Agriculture

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Elizabeth Ellen Green
17. Color or Race White
18. Age at time of THIS birth 41 yrs.
19. Birthplace Kansas (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business School teacher

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Latah } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 60 years of age, that I have known this person for 47 years, and that Nancy (First name) Hawkins (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Celia Birchfield Signature
Avon, Idaho P. O. Address

Subscribed and sworn to before me this 22nd day of March, 19 44.

(SEAL) [signature], Notary Public, residing at Deary, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 24 1944 by Mabel Felder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 6 1944

11

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

245-203 016-249

387458

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Cassia (b) City Oakley
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: At Home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 10 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Cassia
   (c) City Oakley
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 40 yrs.

3. **RESIDENCE OF FATHER** (city, state) Oakley, Idaho

4. **FULL NAME OF CHILD** Amy Bunn

5. Date of Birth of Child (Month, day, year) Jan. 3, 1896

6. Sex Female

Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** Heber J. Bunn
11. Color or Race American
12. Age at time of THIS birth 37 yrs.
13. Birthplace Burton (City or town) England (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Evangelina Smith
17. Color or Race American
18. Age at time of THIS birth 35 yrs.
19. Birthplace Sattley Warwick Shire, England (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 6-2 deceased

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born (Born alive, stillborn) Jan 3-1896 at 2 P.M. on the date and at the place stated above, and that personal particulars were furnished by Heber J Bunn (First name) (Last name), who is related as Father (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Utah
County of Tooele } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 84 years of age, that I have known this person for 48 years, and that Dan (First name) Alby (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

x Heber J Bunn Signature
Stockton, Utah. P. O. Address

Subscribed and sworn to before me this 31st day of March, 19 44

(SEAL) Margaret L Bailey, Notary Public, residing at Tooele, Utah

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 4 - 1944 by Mabel Yelder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 7

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

168-110029-265

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 387476
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County LATAH (b) City TROY
   (c) Street Address or R.F.D. No. 2
   (d) Name of Hospital or Maternity Home: at home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 8 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State IDAHO (b) County LATAH
   (c) City TROY
   (d) Street Address or R.F.D. No. 2
   (e) How long has **MOTHER** lived in Idaho? 8 yrs.

3. **RESIDENCE OF FATHER** (city, state) Troy, Idaho

4. **FULL NAME OF CHILD** GEORGE HARRY JOHNSON

5. Date of Birth of Child (Month, day, year) FEB 10 1896

6. Sex

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** FRED JOHNSON
11. Color or Race White
12. Age at time of THIS birth 35 yrs.
13. Birthplace SWEDEN (City or town) (State or foreign country)
14. Exact Occupation FARMER
15. Industry or Business SAME

MOTHER OF CHILD

16. **FULL MAIDEN NAME** AUGUSTA SWENSON
17. Color or Race WHITE
18. Age at time of THIS birth 33 yrs.
19. Birthplace SWEDEN (City or town) (State or foreign country)
20. Exact Occupation HOUSEWIFE
21. Industry or Business same

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this ~~mother~~: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife Address ____ Date ____

AFFIDAVIT

State of IDAHO } ss.
County of LATAH }

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the aunt (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 76 years of age, that I have known this person for all his life years, and that Mrs Anna Fredlund (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Lina Gunnerson Signature

Troy, Idaho P. O. Address

Subscribed and sworn to before me this 30th day of March, 1944.

(SEAL) ____, Notary Public, residing at Troy, Ida

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 4 - 1944 by ____, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 8 1944
APR 7 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth ~~which has occurred subsequent to such date,~~ such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

244-20-1001-231

388628

388638

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 388638
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Ada (b) City
   (c) Street Address or R.F.D. No. #1
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Ada
   (c) City
   (d) Street Address or R.F.D. No. #1
   (e) How long has **MOTHER** lived in Idaho? 3 yrs.

3. **RESIDENCE OF FATHER** (city, state) Idaho.

4. **FULL NAME OF CHILD** Lora May Bumgardner

5. Date of Birth of Child (Month, day, year) April 7, 1896

6. Sex Female

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes.

FATHER OF CHILD

10. **FULL NAME** Mahlon Bumgardner
11. Color or Race White
12. Age at time of THIS birth 42 yrs.
13. Birthplace Iowa U. S. A. (City or town) (State or foreign country)
14. Exact Occupation Farmer.
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Elizabeth Jane Scales
17. Color or Race White
18. Age at time of THIS birth 40 yrs.
19. Birthplace Iowa City Iowa (City or town) (State or foreign country)
20. Exact Occupation Housewife.
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Boric Solution
23. Number of children of this mother: (a) At time of birth and including this child Three (b) Born alive and now living Four

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

AFFIDAVIT

State of } ss.
County of }

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Brother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 52 years of age, that I have known this person for 47 years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ralph A. Bumgardner Signature

1512 - N. 9th St. P. O. Address

Subscribed and sworn to before me this 3rd day of April, 1944

(SEAL) L. E. Eck, Notary Public, residing at Boise, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 24 1944 by [illegible] Folder, Registrar.

APR 1 1977

APR 2 4 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

553-131-016-669

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 388809
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Cassia (b) City Oakley
   (c) Street Address or R.F.D. No. --
   (d) Name of Hospital or Maternity Home: --
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 14 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Cassia
   (c) City Oakley
   (d) Street Address or R.F.D. No. --
   (e) How long has **MOTHER** lived in Idaho? 14 yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Carl Clifford Nelson

5. Date of Birth of Child (Month, day, year) Oct. 31, 1896

6. Sex Male

7. Twin or Triplet --

If so—born 1st, 2nd, 3rd --

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Carl Christian Nelson
11. Color or Race White
12. Age at time of THIS birth yrs.
13. Birthplace Bensley (City or town) Denmark (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farmer

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Emma Workman
17. Color or Race White
18. Age at time of THIS birth yrs.
19. Birthplace Deep Creek (City or town) Utah (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum --

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name), who is related as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

State of Idaho
County of Cassia } ss.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 69 years of age, that I have known this person ~~for~~ xx all his life xxx ~~years~~, and that Mrs. James Clark (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary Emma Workman Nelson Signature

Box 104, Heyburn, Idaho P. O. Address

Subscribed and sworn to before me this 19th day of April, 1944

(SEAL)

Notary Public, residing at Burley, Idaho.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 25 1944 by Mabel Holder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 28 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

813-206-009-268

388929

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bonner (b) City Sand Point
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN THIS county 10 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State (b) County
(c) City
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Irene Ida Savage Hatch

5. Date of Birth of Child (Month, day, year) Dec 6-1896

6. Sex Female **7.** Twin or Triplet No If so—born 1st, 2nd, 3rd 4th **8.** No. months of Pregnancy 9 **9.** Legitimate? yes

FATHER OF CHILD	MOTHER OF CHILD
10. FULL NAME Bruce J Hatch	**16.** FULL MAIDEN NAME Christina Boyd
11. Color or Race White **12.** Age at time of THIS birth 33 yrs.	**17.** Color or Race White **18.** Age at time of THIS birth 30 yrs.
13. Birthplace Iowa (City or town) (State or foreign country)	**19.** Birthplace (City or town) (State or foreign country)
14. Exact Occupation Lawyer	**20.** Exact Occupation Housewife
15. Industry or Business	**21.** Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: **(a)** At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Washington } ss.
County of Snohomish }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 78 years of age, that I have known this person for 47 years, and that The Doctor (First name) (not remembered) (Last name) who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

x Christina B Hatch Signature
2227 Rucker Everett P. O. Address Wash

Subscribed and sworn to before this 2nd day of May, 1944

(SEAL) A E Bailey Notary Public, residing at Everett Wash

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 9 - 1944 by Mark Taylor, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope earing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 11 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the Attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

369 115 030-747

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 390140
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Jerome (b) City Salmon
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: Home
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county 2 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Jerome
   (c) City Salmon
   (d) Street Address or R.F.D. No. 2 yrs
   (e) How long has **MOTHER** lived in Idaho? [illegible] yrs.

3. **RESIDENCE OF FATHER** (city, state) Salmon Ida

4. **FULL NAME OF CHILD** Arthur John Corrigan

5. Date of Birth of Child (Month, day, year) February 15th 1898

6. Sex Male

7. Twin or Triplet .

If so born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** John Patrick Corrigan

11. Color or Race White

12. Age at time of THIS birth 22 yrs.

13. Birthplace Galesburg Illinois (City or town) (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Bessie Pugh

17. Color or Race White

18. Age at time of THIS birth 19 yrs.

19. Birthplace Council Bluffs Iowa (City or town) (State or foreign country)

20. Exact Occupation Farmers wife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... Midwife Address ..... Date

State of Idaho
County of Gooding } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 70 years of age, that I have known this person for 48 years, and that Elizabeth Fox (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Bessie Corrigan Pugh Signature

Bliss, Idaho P. O. Address

Subscribed and sworn to before me this 28th day of April, 19 44.

(SEAL) ..... Notary Public, residing at Gooding, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 31 1944 by Mary [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 1 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

554 116 035 168

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 390159
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Nez Perce (b) City Lewiston
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 4 years 2 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Nez Perce
   (c) City Lewiston
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 20 yrs.

3. **RESIDENCE OF FATHER** (city, state) Lewiston, Idaho

4. **FULL NAME OF CHILD** Wallace Argalus Newman

5. Date of Birth of Child (Month, day, year) Oct. 16, 1896

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Argalus Randolph Newman
11. Color or Race White
12. Age at time of THIS birth 44 yrs.
13. Birthplace Pennsylvania Ohio (City or town) (State or foreign country)
14. Exact Occupation Farmer and Stockman
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Clide Deborah Johnston
17. Color or Race White
18. Age at time of THIS birth 40 yrs.
19. Birthplace New Matamoras Ohio (City or town) (State or foreign country)
20. Exact Occupation Home Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. / Midwife — Address — Date

AFFIDAVIT

State of Montana
County of Yellowstone } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the uncle (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 86 years of age, that I have known this person for 4 years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

James William Johnston — Signature
Billings, Montana — P. O. Address

Subscribed and sworn to before me this 26th day of May, 1944

(SEAL)

B E Burke, Notary Public, residing at NOTARY PUBLIC for the State of Montana
Residing at Billings, Montana
My commission expires July 23, 1944

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 29 1944 by Mabel Wilder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 1 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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466-115029-238

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 390170
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County LATAH (b) City Moscow
(c) Street Address or R.F.D. No. 306 - D - STREET
(d) Name of Hospital or Maternity Home: AT HOME
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 21 years 4 months 10 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State IDAHO (b) County LATAH
(c) City Moscow
(d) Street Address or R.F.D. No. 306 - D - STREET
(e) How long has **MOTHER** lived in Idaho? 21 yrs.

3. **RESIDENCE OF FATHER** (city, state) Moscow, IDAHO

4. **FULL NAME OF CHILD** WALLACE H. MOORE

5. Date of Birth of Child (Month, day, year) Oct 15 1896

6. Sex MALE

7. Twin or Triplet No If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? YES

FATHER OF CHILD

10. **FULL NAME** John Andrew Moore
11. Color or Race White
12. Age at time of THIS birth 40 yrs.
13. Birthplace Tama Wilton Junction Iowa (City or town) (State or foreign country)
14. Exact Occupation Teamster-General Hauling
15. Industry or Business None

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Susan Margaret Schullenburger
17. Color or Race White
18. Age at time of THIS birth 34 yrs.
19. Birthplace Gage County, Neb (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business None

22. Name prophylactic used to prevent Ophthalmia Neonatorum None
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive ~~and~~ now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

State of Washington } ss.
County of Latah }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4 above, that I am now 81 years of age, that I have known this person for 47 years, and that Ina Porter Ina Midwife (First name) (Last name), who attended this birth — (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Susan Margrit Moore Signature

..... P. O. Address

Subscribed and sworn to before me this 25 day of May, 1944.

(SEAL) Marion Garland Notary Public, residing at Pleasant

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 31 1944 by ..... Registrar.

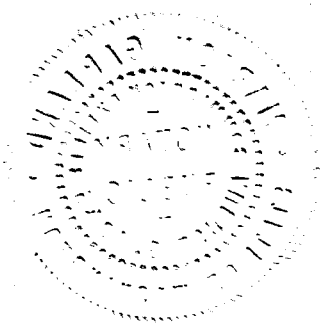
Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 1 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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719-207008-662

390350

390350

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Boise (b) City Idaho City
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 25 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Boise
   (c) City Idaho City
   (d) Street Address or R.F.D. No. Idaho City, Idaho
   (e) How long has **MOTHER** lived in Idaho? 65 yrs.

3. **RESIDENCE OF FATHER** (city, state) Idaho City, Idaho

4. **FULL NAME OF CHILD** Marguerite Carree Garrecht

5. Date of Birth of Child (Month, day, year) August 7, 1896

6. Sex Female

7. Twin or Triplet Single If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Lawrence Garrecht
11. Color or Race White
12. Age at time of THIS birth 33 yrs.
13. Birthplace Yreka, California (City or town) (State or foreign country)
14. Exact Occupation Miner
15. Industry or Business Mining

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Rose Foster
17. Color or Race White
18. Age at time of THIS birth 25 yrs.
19. Birthplace Boise, Idaho (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Home

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

State of Idaho
County of Ada } ss.

I, the undersigned, being first duly sworn, say that I am the MOTHER (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 73 years of age, that I have known this person for 48 years, and that Dr Warren Newell (First name) (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Rose Garrecht Signature

Star Idaho P. O. Address

Subscribed and sworn to before me this 22 day of June, 1944

(SEAL) Sibyl O. Rudisill, Notary Public, residing at Star,

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on 6/22/44 by Mabel Felder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

414-209-029-396

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 391461
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County [redacted] Latah (b) City Moscow
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: at home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county one years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Latah
   (c) City Moscow
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 4 yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Mary Anna Mader

5. Date of Birth of Child (Month, day, year) Nov. 9 - 1896

6. Sex female

7. Twin or Triplet / If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 mo.

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Charles Frederick Mader
11. Color or Race white
12. Age at time of THIS birth 33 yrs.
13. Birthplace Germany (City or town) (State or foreign country)
14. Exact Occupation railroad employee
15. Industry or Business Railroad Co.

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Katherina Trautman
17. Color or Race white
18. Age at time of THIS birth 23 yrs.
19. Birthplace Cincinnati Ohio (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Alive (Born alive, stillborn) at A M. on the date and at the place stated above, and that personal particulars were furnished by Joseph C. Mader (First name) (Last name), who is related as Brother (Mother, etc.)

25. Attendant's **OWN** signature A. Dr. Gritman - Now Deceased M.D. Midwife Address Cottonwood Ida Date 6-17-44

AFFIDAVIT

State of Idaho
County of Idaho } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Brother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 53 years of age, that I have known this person for 47 years, and that Dr. Gritman (First name) of Moscow Ida. (Last name), who attended this birth, is Now Deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Joseph C. Mader Signature
Cottonwood - Idaho P. O. Address

Subscribed and sworn to before me this 17 day of June, 1944

(SEAL) Mike Melbert, Notary Public, residing at Cottonwood Ida

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 24 1944 by Mabel Kyle, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 13 1961

JUN 27 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

689-22-7029-659

391594

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 391594
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Latah (b) City Genessee
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: at residence
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 2 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Latah
   (c) City Genessee
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 2 years yrs.

3. **RESIDENCE OF FATHER** (city, state) Genessee, Ida

4. **FULL NAME OF CHILD** Hazel Bell Whitted

5. Date of Birth of Child (Month, day, year) Feb. 23, 1896

6. Sex Female

7. Twin or Triplet no If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** John Lewis Whitted
11. Color or Race white
12. Age at time of THIS birth 25 yrs.
13. Birthplace Illinois (City or town) (State or foreign country)
14. Exact Occupation Barber
15. Industry or Business Barber

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Minnie Sarah Weisenbaun
17. Color or Race white
18. Age at time of THIS birth 23 yrs.
19. Birthplace Illinois (City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business Housekeeping

22. Name prophylactic used to prevent Ophthalmia Neonatorum not known
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

State of Washington
County of Latah } ss.

I, the undersigned, being first duly sworn, say that I am the Aunt (Mother, etc.) of the person whose name appears in Item 4, above, that I am now — 77 — years of age, that I have known this person for 48 years, and that Sarah Ann Whitted (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary E Whitted Signature
4th & Redpath Kelso P. O. Address

Subscribed and sworn to before me this 22 day of June, 1944.

(SEAL)

Notary Public, residing at Kelso Wash.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 5 1944 by ____, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 6 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when ~~such report is accompanied by a certificate of the attending physician or midwife,~~ or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

593-722035-731

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 39285 I
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Nezperce (b) City Country
   (c) Street Address or R.F.D. No. near Genesee
   (d) Name of Hospital or Maternity Home: or Union Town Wash.
   (e) Mothers stay **BEFORE** delivery: In **THIS** county ____ years ____ months ____ days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Nezperce
   (c) City mailing add Union Town
   (d) Street Address or R.F.D. No. Wash
   (e) How long has **MOTHER** lived in Idaho? about 10 yrs.

3. **RESIDENCE OF FATHER** (city, state) Nezperce Co Ida

4. **FULL NAME OF CHILD** Emma Eilmann [redacted]

5. Date of Birth of Child (Month, day, year) May 22, 1896

6. Sex Female

7. Twin or Triplet ____ If so—born 1st, 2nd, 3rd ____

8. No. months of Pregnancy 9

9. Legitimate? yes.

FATHER OF CHILD

10. **FULL NAME** John Eilmann
11. Color or Race white
12. Age at time of THIS birth 52 yrs.
13. Birthplace Germany (City or town) (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Margaret Glang
17. Color or Race white
18. Age at time of THIS birth 40 yrs.
19. Birthplace Germany (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name), who is related as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

AFFIDAVIT

State of CALIFORNIA
County of ORANGE } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now fifty seven years of age, that I have known this person for fourteight years, [redacted] (First name) [redacted] (Last name) (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Martha Eilmann Signature
701 N Pacific ave Santa Ana Calif P. O. Address

Subscribed and sworn to before me this 24th day of July, 19 44.

(SEAL) Elizabeth M. Neemeta Notary Public, residing at Santa Ana, California

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

My Commission Expires December 30, 1946

Received for filing on JUL 28 1944 by Mary Filger, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 24 1981

JUL 28 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DELAYED

129-23-029-253

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 394308
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County LATAH (b) City MOSCOW
   (c) Street Address or R.F.D. No. RURAL
   (d) Name of Hospital or Maternity Home: BORN AT HOME
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 2 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State IDAHO (b) County LATAH
   (c) City MOSCOW
   (d) Street Address or R.F.D. No. RURAL
   (e) How long has **MOTHER** lived in Idaho? yrs.

3. **RESIDENCE OF FATHER** (city, state) MOSCOW, IDAHO

4. **FULL NAME OF CHILD** ORVETTA AKRIDGE

5. Date of Birth of Child (Month, day, year) July 3, 1896

6. Sex FEMALE

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? YES

FATHER OF CHILD

10. **FULL NAME** Dudley Jarvis Akridge
11. Color or Race WHITE
12. Age at time of THIS birth 24 yrs.
13. Birthplace Audrain County Missouri (City or town) (State or foreign country)
14. Exact Occupation FARMER
15. Industry or Business OWN FARM

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Suran Francess Kellogg
17. Color or Race WHITE
18. Age at time of THIS birth 19 yrs.
19. Birthplace Prairie City Oregon (City or town) (State or foreign country)
20. Exact Occupation HOUSEWIFE
21. Industry or Business OWN HOME

22. Name prophylactic used to prevent Ophthalmia Neonatorum NONE
23. Number of children of this mother: (a) At time of birth and including this child none (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

AFFIDAVIT

State of } ss.
County of }

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 68 years of age, that I have known this person for 48 years, and that Dr Worthington (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Susan Francis Akridge Signature

P. O. Address

Subscribed and sworn to before me this 4th day of August, 1944

(SEAL) Mabel Haller, Notary Public, residing at Kent, Wn

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 10 1944 by Mabel Haller, Registrar.

JAN 26 1960

AUG 25 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be ~~received~~ and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

952-25 5-014-813

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 304396
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Canyon (b) City Nampa
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: at home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 4 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Canyon
   (c) City Nampa
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 4 yrs.

3. **RESIDENCE OF FATHER** (city, state) Nampa Idaho

4. **FULL NAME OF CHILD** Georgie Elizabeth Irby

5. Date of Birth of Child (Month, day, year) Jan. 25, 1896

6. Sex female

7. Twin or Triplet { twin . If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** George Irby
11. Color or Race White
12. Age at time of THIS birth 26 yrs.
13. Birthplace Kansas (City or town) Kansas (State or foreign country)
14. Exact Occupation Freighter
15. Industry or Business hauled freight

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Perie Lucinda Hatfield
17. Color or Race white
18. Age at time of THIS birth 22 yrs.
19. Birthplace Ohio (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum none
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

AFFIDAVIT

State of Wash. } ss.
County of Lewis }

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 70 years of age, that I have known this person for 48 years, and that Florance Peters (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Perie Luenda Irby Seegar Signature
Rte 3, Bx 25, Chehalis, Wash. P. O. Address

Subscribed and sworn to before me this 30th day of Aug., 1944

(SEAL) [signature], Notary Public, residing at Chehalis

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on SEP 6 1944 by [signature], Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

SEP 6 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, ~~has not been recorded, or in case of~~ failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

144-115-207-664

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 395562
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Blaine (b) City Carey
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: Home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 9 years 6 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Blaine
   (c) City Carey
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 76 yrs.

3. **RESIDENCE OF FATHER** (city, state) Carey, Ida.

4. **FULL NAME OF CHILD** James Bryan Judge

5. Date of Birth of Child (Month, day, year) May 15 1896

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? X

FATHER OF CHILD

10. **FULL NAME** James Judge
11. Color or Race White
12. Age at time of THIS birth 34 yrs.
13. Birthplace Mariah Center, New York (City or town) (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business Farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Ann Womack
17. Color or Race White
18. Age at time of THIS birth 31 yrs.
19. Birthplace Wasco, Oregon (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Same

22. Name prophylactic used to prevent Ophthalmia Neonatorum none
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife ..... Address ..... Date .....

State of Idaho
County of Cassia } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 77 years of age, that I have known this person for 48 years, and that Mrs. Carey (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

x Mary Ann Crowder Signature

Burley, Idaho P. O. Address

Subscribed and sworn to before me this 18 day of Sept., 1944.

(SEAL) S H Kunnan, Notary Public, residing at Burley Idaho.

(Note: Perjury is punishable as a felony in Idaho, see Sec. 17-914, Idaho Code Annotated.)

Received for filing on SEP 20 1944 by Mabel Hilden, Registrar.

SEP 26 1944

FEB 19 1958

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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215-227-219-255

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy, when advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 395591
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Custer (b) City Houston
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: In own home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 19 years 3? months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Custer
   (c) City Houston
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 67 yrs.

3. **RESIDENCE OF FATHER** (city, state) Houston. Idaho.

4. **FULL NAME OF CHILD** Flora Beverland

5. Date of Birth of Child (Month, day, year) Nov. 27-1896

6. Sex Female

7. Twin or Triplet No If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** James L Beverland
11. Color or Race White
12. Age at time of THIS birth 26 yrs.
13. Birthplace Logan, Utah. (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farmer

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Diana Frances Kent
17. Color or Race White
18. Age at time of THIS birth 19 yrs.
19. Birthplace Malad (City or town) Idaho (State or foreign country)
20. Exact Occupation House Work
21. Industry or Business Farmer

22. Name prophylactic used to prevent Ophthalmia Neonatorum Dont know
23. Number of children of this mother: (a) At time of birth and including this child one (b) Born alive and now living two

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Borne alive (Born alive, stillborn) at 11 P M. on the date and at the place stated above, and that personal particulars were furnished by Diana Frances Beverland (First name) (Last name), who is related as Mother (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

AFFIDAVIT

State of Idaho
County of Bonneville } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 67 years of age, that I have known this person for 47 years, and that Mrs. Jenkin Harris (First name) (Last name), who attended this birth Is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Diana Frances Beverland Signature

Mackay, Idaho. P. O. Address

Subscribed and sworn to before me this 11th day of September, 1944.

(SEAL) Nettie Larsen, Notary Public, residing at Idaho Falls, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on SEP 15 1944 by Mary Helen, Registrar.

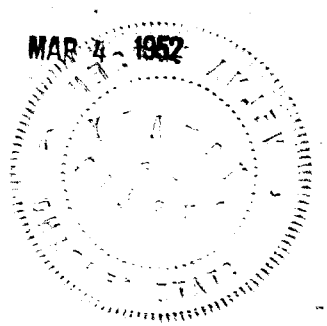
SEP 25 1944



DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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5 83-108-14-396

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 395697
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Latah (b) City Moscow
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: none
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 6 years 10 months 7 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Latah
   (c) City Moscow
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 8 yrs.

3. **RESIDENCE OF FATHER** (city, state) Moscow, Idaho

4. **FULL NAME OF CHILD** Archie Estes

5. Date of Birth of Child (Month, day, year) Sept. 8, 1896

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Karr Calvin Estes
11. Color or Race white
12. Age at time of THIS birth 36 yrs.
13. Birthplace Ash Flat Arkansas (City or town) (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Nancy Florence Brock
17. Color or Race white
18. Age at time of THIS birth 24 yrs.
19. Birthplace Harrisburg, Oregon (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum none
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife ..... Address ..... Date .....

AFFIDAVIT

State of ..... } ss.
County of ..... }

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 71 years of age, that I have known this person for 47 years, and that Dr. Carithers (First name) (Last name), who attended this birth Now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Nancy Florence E Stes Signature

305 Montreal St, Victoria B.C. Canada P. O. Address

Subscribed and sworn to before me this 13th day of September, 1944.

(SEAL)

Mrs. D Straith, Notary Public, residing at Victoria B.C. in & for the Province of British Columbia

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on OCT 4 - 1944 by Mary Felder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

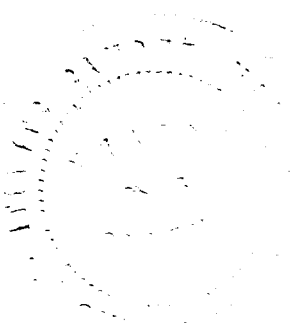
MAY 13 1965

OCT 6 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



255-112-1003-335

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 395706

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Alford Larel Kendall			2. Date of Birth (month) (day) (year): December 12 1896
	3. Color or Race: white	4. Sex: male	5. Place of Birth a. County: Bannock	b. City or Town of Birth: Oxford
FATHER	6. Full Name of Father: Joseph Bradford Kendall Sr.			7. State or Country of Father's Birth: Oxford, Idaho
MOTHER	8. Full Maiden Name of Mother: Eliza Ann Clements			9. State or Country of Mother's Birth: Oxford, Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Alford Larel Kendall		11. Present Address of Registrant
NOTARY (Seal)	Subscribed and sworn to before me on: August 22 1961	12. Signature of Notary: Glenn E. Call		13. Notary Commission expires: Sept. 7 1961

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Photocopy of Church Membership Record	By whom issued and signed: Bishop Glenn E. Call L.D.S.Church	Date Issued: --	Date Orig. Entry: Baptized Nov 13, 1904
	Date of Birth: Dec 12, 1896 / Birth Place: Bannock County Oxford, Idaho	Full Name of Mother: Eliza A. Clements	Name of Father: Joseph B. Kendall	
SUPPORTING RECORD 2.	Type of Document: Statement regarding employment record	By whom issued and signed: Ore-Ida Potato Products, Inc. Ontario, Oregon	Date Issued: Sept 6, 1961	Date Orig. Entry: employed Aug 1, 1954
	Date of Birth: Dec. 12, 1896 / Birth Place: ---	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: Statement regarding employment record (personnel record)	By whom issued and signed: Pacific Supply Coop., Walla Walla, Wn. (O.D.Dearborn,Mgr.)	Date Issued: Sept 6, 1961	Date Orig. Entry: March 29,1950 to Jan 23, 1953
	Date of Birth: Dec. 12, 1896 / Birth Place: ---	Full Name of Mother: ---	Name of Father: ---	

QUALIFYING INFORMATION

Own child's birth certificate on file Idaho, #107729, gives age as 26 and birthplace as Idaho. Child born Dec. 29, 1922.

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	bf Joyce B. Foltz	Sept 11, 1961

FORM BH 56067

E-14-61

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce
Bureau of the Census

OCT. 5 1944

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 395706
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bannock (b) City Idaho
(c) Street Address or R.F.D. No. Oxford
(d) Name of Hospital or Maternity Home: at Home
(e) Mothers stay **BEFORE** delivery: at home
In **THIS** county Bannock years 41 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City Oxford
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 5 8 yrs.

3. RESIDENCE OF FATHER (city, state) Oxford Ida.

4. FULL NAME OF CHILD Alford Lael Kendall

5. Date of Birth of Child (Month, day, year) Dec 12 1897

6. Sex Male **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnancy 9 months **9.** Legitimate?

FATHER OF CHILD

10. FULL NAME Joseph Bradford Kendall Sr

11. Color or Race White **12.** Age at time of THIS birth 45 yrs.

13. Birthplace Oxford (City or town) Idaho (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Eliza Ann [illegible] Clements

17. Color or Race White **18.** Age at time of THIS birth 41 yrs.

19. Birthplace Oxford (City or town) Ida (State or foreign country)

20. Exact Occupation Farmer

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 17 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name), who is related as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

State of Idaho } ss.
County of Franklin }

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 58 years of age, that I have known this person for 47 years, and that Elizabeth Clements (First name) (Last name), who attended this birth Dead (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Eliza Ann Kendall Signature
Weston Idaho P. O. Address

Subscribed and sworn to before me this 26 day of August, 1944.

(SEAL) Thomas E Rose, Notary Public, residing at Weston Ida

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on OCT 6 - 1944 by Mabel Wilder, Registrar.

OCT 6 1944

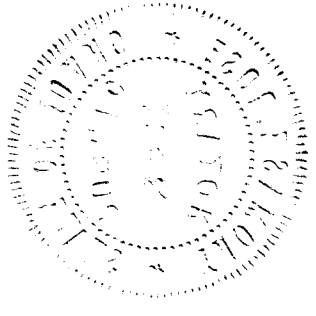
JUN 25 1961

JUL 20 1961
SEP 11 1961

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



741 218 002 154

396863

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County ADAMS (b) City COUNCIL
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: AT OUR HOME
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State IDAHO (b) County ADAMS
   (c) City COUNCIL
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 22 yrs.

3. **RESIDENCE OF FATHER** (city, state) COUNCIL - IDAHO

4. **FULL NAME OF CHILD** ELLA GUARNETT

5. Date of Birth of Child (Month, day, year) Oct 18 - 1896

6. Sex FEMALE

7. Twin or Triplet TWIN If so—born 1st, 2nd, 3rd 1ST

8. No. months of Pregnancy 9

9. Legitimate? YES

FATHER OF CHILD

10. **FULL NAME** LOUIS - MARTIN - GUARNETT
11. Color or Race WHITE
12. Age at time of THIS birth 26 yrs.
13. Birthplace CHEROKEE. Co - KANSAS (City or town) (State or foreign country)
14. Exact Occupation FARMER
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** OLIVE-MAY - ANDERSON
17. Color or Race WHITE
18. Age at time of THIS birth 20 yrs.
19. Birthplace WASHINGTON Co. IDAHO (City or town) (State or foreign country)
20. Exact Occupation HOUSEWIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum DONT KNOW
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

AFFIDAVIT

State of Michigan } ss.
County of Van Buren }

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the SISTER (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 49 years of age, that I have known this person for 47 years, and that Nancy Anderson (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Nancy Hagenbuch Signature

Hartford, Michigan P. O. Address

Subscribed and sworn to before me this 14 day of October, 1944

(SEAL) Roy S. Yackley, Notary Public, residing at Hartford, Mich.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) Com. Exp. March 21, 1947

Received for filing on OCT 23 1944 by Mabel Helm, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 5 1957

OCT 27 1944

OCT 25 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report ~~any birth which has occurred~~ subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 396876
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Ada (b) City Boise
   (c) Street Address or R.F.D. No. 122 W. Jefferson
   (d) Name of Hospital or Maternity Home:
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county 22 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Ada
   (c) City Boise
   (d) Street Address or R.F.D. No. 122 W Jefferson
   (e) How long has **MOTHER** lived in Idaho? 22 yrs.

3. **RESIDENCE OF FATHER** (city, state) Boise Idaho

4. **FULL NAME OF CHILD** Florence Elizabeth Ruckdaschel

5. Date of Birth of Child (Month, day, year) 1-25-1896

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** John Conrad Ruckdaschel
11. Color or Race White
12. Age at time of THIS birth 40 yrs.
13. Birthplace Germany (City or town) (State or foreign country)
14. Exact Occupation Bookkeeper
15. Industry or Business John Lemp Brewery

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Dorathea Jergens
17. Color or Race White
18. Age at time of THIS birth 40 yrs.
19. Birthplace Germany (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Ada } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the God mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 63 years of age, that I have known this person for 46 years, and that Dr Callister (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located), I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Florence E Ramm Signature

412 N- 16 Boise P. O. Address

Subscribed and sworn to before me this 3rd day of October, 1944

(SEAL) Elsie Creek Notary Public, residing at Boise, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on OCT 19 1944 by Mabel Hedden, Registrar.

OCT 25 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

213 209 026-168

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 396965
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County ____ (b) City La Belle
   (c) Street Address or R.F.D. No. ____
   (d) Name of Hospital or Maternity Home: at own Res.
   (e) Mothers stay **BEFORE** delivery: In **THIS** county ____ years ____ months ____ days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County ____
   (c) City La Belle
   (d) Street Address or R.F.D. No. ____
   (e) How long has **MOTHER** lived in Idaho? 15 yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Lillie Estella Ballard

5. Date of Birth of Child (Month, day, year) March 9-Two. 1896

6. Sex Female

7. Twin or Triplet ____ If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** George Calvin Ballard
11. Color or Race White
12. Age at time of THIS birth 29 yrs.
13. Birthplace Georgetown (City or town) Texas (State or foreign country)
14. Exact Occupation Common Laborer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ada Alice Johnston
17. Color or Race White
18. Age at time of THIS birth 20 yrs.
19. Birthplace Whitesboro Texas (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum ____
23. ~~Number of children of this mother~~: (a) At time of birth and including this child 1 (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

AFFIDAVIT

State of California
County of Los Angeles } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the × Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now over 65 years of age, that I have known this person for always years, and that ____ (First name) ____ (Last name), who attended this birth ____ (Is now deceased) or (~~Cannot be located~~) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

× Ada Alice Ballard Signature

× Perris, California P. O. Address

Subscribed and sworn to before me this 27th day of October, 19 44

(SEAL)

E. Ruth Smith, Notary Public, residing at 536 W 99 - L.A. Calif

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on OCT 31 1944 by Mabel Holder, Registrar.

My Commission Expires Oct. 31, 1947.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

OCT 31 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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396970

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Shoshone (b) City Wallace
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: in the home
(e) Mother's stay BEFORE delivery: IN THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Shoshone
(c) City Wallace
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Orie Amos Bettey

5. Date of Birth of Child (Month, day, year) June 26 1896

6. Sex boy

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME John Henery Bettey.

11. Color or Race White

12. Age at time of THIS birth yrs.

13. Birthplace Ohio (City or town) (State or foreign country)

14. Exact Occupation Teamster

15. Industry or Business Hauling small jobs.

MOTHER OF CHILD

16. FULL MAIDEN NAME Caroline Castle

17. Color or Race White

18. Age at time of THIS birth yrs.

19. Birthplace Iowa (City or town) Iowa Co. (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business None

22. Name prophylactic used to prevent Ophthalmia Neonatorum 6

23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Washington } ss.
County of Walla Walla }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 62 years of age, that I have known this person for 48 years, and that Clara (First name) Graves (Last name), who attended this birth, cannot be reached (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Esther M Schultz Signature

P. O. Address

Subscribed and sworn to before me this 16 day of October, 1944

(SEAL) Harry Wallis Notary Public, residing at Walla Walla Wn

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on OCT 22 1944 by Mabel Holder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

OCT 31 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 396992
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Ada (b) City Boise
   (c) Street Address or R.F.D. No. 4th and Bannock
   (d) Name of Hospital or Maternity Home: Born at home.
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 4 years 0 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Ada
   (c) City Boise 4th and Bannock
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 5 yrs.

3. **RESIDENCE OF FATHER** (city, state) Boise Idaho

4. **FULL NAME OF CHILD** Charles Keith Kiggins

5. Date of Birth of Child (Month, day, year) May 20th 1896

6. Sex Male

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Charles Mc Clellan Kiggins
11. Color or Race White
12. Age at time of THIS birth 34 yrs.
13. Birthplace Edina, MO. (City or town) (State or foreign country)
14. Exact Occupation School Superintendent
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Etta Lee Johnston
17. Color or Race White
18. Age at time of THIS birth 32 yrs.
19. Birthplace Nashville Tenessee (City or town) (State or foreign country)
20. Exact Occupation Teacher
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum 2
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2.

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

AFFIDAVIT

State of Oregon
County of Multnomah } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

(Parent) C. M. Kiggins Signature

2nd Meridian Idaho P. O. Address

Subscribed and sworn to before me this 2nd day of November, 19 44

(SEAL) Lois A Bennett, Notary Public, residing at Portland Oregon

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code.)

NOTARY PUBLIC FOR OREGON
MY COMMISSION EXPIRES JUNE 11, 1946

Received for filing on NOV 7 1944 by Mary Felder, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

NOV 8 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

155 205027-285

United States Department of Commerce
Bureau of the Census

NOV 21 1944

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 398096
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Fremont (b) City St Anthony
(c) Street Address or R.F.D. No. St. Anthony
(d) Name of Hospital or Maternity Home: Born at home
(e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City St Anthony
(d) Street Address or R.F.D. No. St. Anthony
(e) How long has **MOTHER** lived in Idaho? 6 yrs.

3. RESIDENCE OF FATHER (city, state) St Anthony Ida.

4. FULL NAME OF CHILD Leah Phileta Averitt

5. Date of Birth of Child (Month, day, year) July 5th 1944

6 Sex female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Philetus Pinckney Lee Averitt

11. Color or Race white

12. Age at time of THIS birth 30 yrs.

13. Birthplace Mayfield (City or town) Kentucky (State or foreign country)

14. Exact Occupation Attorney-at-Law

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Annie Vera Shea

17. Color or Race white

18. Age at time of THIS birth 21 yrs.

19. Birthplace Stuart (City or town) Iowa (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

AFFIDAVIT

State of Montana } ss.
County of Silver Bow }

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the aunt (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 60 years of age, that I have known this person for 48 years, and that Dr. Middleton (First name) (Last name), who attended this birth is deceased & could not further (Is now deceased) or (Cannot be located) state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Ida Wells Signature
1226 Short, St Butte Mont P. O. Address

Subscribed and sworn to before me this 8th day of November, 1944.

(SEAL)

Notary Public, residing at Butte

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on NOV 21 1944 by Mabel Holder, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 4 1959

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

356-002-003-964

399568

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bannock (b) City Robin
(c) Street Address or R.F.D. No. none
(d) Name of Hospital or Maternity Home: At Home
(e) Mother's stay **BEFORE** delivery: **IN THIS** county all years 1 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City Robin
(d) Street Address or R.F.D. No. none
(e) How long has **MOTHER** lived in Idaho? 50 yrs.

3. RESIDENCE OF FATHER (city, state) same

4. FULL NAME OF CHILD Ersal Aretta Lewis

5. Date of Birth of Child (Month, day, year) Oct. 2nd. 1896

6. Sex Female **7.** Twin or Triplet **If so—born** 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME Wilford D. Lewis
11. Color or Race White **12.** Age at time of THIS birth 28 yrs.
13. Birthplace Brigham City (City or town) Utah (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business same

MOTHER OF CHILD

16. FULL MAIDEN NAME Sarah Jane Lonnicell
17. Color or Race white **18.** Age at time of THIS birth 22 yrs.
19. Birthplace Bear Lake City (City or town) Idaho (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business same

22. Name prophylactic used to prevent Ophthalmia Neonatorum unknown

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 10

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date ..... and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

State of Idaho } ss.
County of San Bernardino }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 70 years of age, that I have known this person for 47 years, and that Ludwig (First name) ..... (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Sarah J. Lewis Signature
855 East 4th San Bernardino Calif. P. O. Address

Subscribed and sworn to before me this 30th day of December, 1944.

(SEAL) W. Vaughan Notary Public, residing at San Bernardino Calif.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) My commission expires 11-10-45

Received for filing on JAN 8 1945 by ..... Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 9 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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415-216-019-669

399623 399633

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 399633
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Custer (b) City Bayhorse
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Custer
   (c) City Bayhorse
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? yrs.

3. **RESIDENCE OF FATHER** (city, state) Bayhorse Ida.

4. **FULL NAME OF CHILD** Josephine Mavity.

5. Date of Birth of Child (Month, day, year) Jan. 16, 1896

6. Sex Female

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Thos James Mavity

11. Color or Race White

12. Age at time of THIS birth 53 yrs.

13. Birthplace (City or town) (State or foreign country)

14. Exact Occupation Miner

15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Lovisia Dee Workman

17. Color or Race White

18. Age at time of THIS birth 33 yrs.

19. Birthplace ~~UTAH~~, UTAH (City or town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

AFFIDAVIT

State of IDAHO
County of LEMHI } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the SISTER (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 56 years of age, that I have known this person for 48 years, and that MRS. FORTUNE (First name) (Last name), who attended this birth IS NOW DECEASED (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Jack Stevens Signature

CARMEN, IDAHO P. O. Address

Subscribed and sworn to before me this 9th day of JANUARY, 19 45.

(SEAL) Mamie C. McBride, Notary Public, residing at SALMON, IDAHO.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 19 1945 by Mabel Helm, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 19 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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461-108-014-142

400767

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Canyon (b) City Caldwell
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: at home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 20 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Canyon
   (c) City Caldwell
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 20 yrs.

3. **RESIDENCE OF FATHER** (city, state) Caldwell Idaho

4. **FULL NAME OF CHILD** Ohra Earl Moudy

5. Date of Birth of Child (Month, day, year) Sept. 8, 1896

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Samuel Aldorus Moudy
11. Color or Race white
12. Age at time of THIS birth 29 yrs.
13. Birthplace Caldwell, Idaho (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Rose Belle Justus
17. Color or Race White
18. Age at time of THIS birth 28 yrs.
19. Birthplace Prescott Kansas (City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

AFFIDAVIT

State of Oregon
County of Multnomah } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 76 years of age, that I have known this person for 48 years, and that Dr. Edward Maxey (First name) (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

NOTARY PUBLIC FOR OREGON
My Commission Expires July 12, 1947.

Rose Belle Moudy Signature

4336 Alla Road, Venice Calif. P. O. Address

Subscribed and sworn to before me this 11th day of January, 19 45

(SEAL)

NOTARY PUBLIC FOR OREGON
My Commission Expires July 12, 1947.

, Notary Public, residing at Portland, Oreg

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 17 1945 by , Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 19 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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555-129. 026-795

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 400790
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County RINGHAM (b) City WOODVILLE
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: OUR HOME
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 1 years 1 months 1 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State IDAHO (b) County BINGHAM
   (c) City WOODVILLE
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? ONE yrs.

3. **RESIDENCE OF FATHER** (city, state) WOODVILLE IDAHO

4. **FULL NAME OF CHILD** RUSSELL EVERETT

5. Date of Birth of Child (Month, day, year) July 29, 1896

6. Sex MALE

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy nine

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** EDWARD EVERETT
11. Color or Race WHITE
12. Age at time of THIS birth 28 yrs.
13. Birthplace OGDEN (City or town) UTAH (State or foreign country)
14. Exact Occupation FARMER
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** EMMA MINERVA PIERCE
17. Color or Race WHITE
18. Age at time of THIS birth 17 yrs.
19. Birthplace LEVAN (City or town) UTAH (State or foreign country) 9 mo.
20. Exact Occupation HOUSE WIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

AFFIDAVIT

State of Utah
County of Salt Lake } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 66 years of age, that I have known this person for 48 years, and that Dr. Lester Mitchell (First name) (Last name), who attended this birth is deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Emma Minerva Everett Signature

Idaho Falls Idaho P. O. Address

Subscribed and sworn to before me this 13th day of January, 1945.

(SEAL)

Notary Public, residing at Magna, Utah

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 19 1945 by Registrar

JAN 17 1966

JAN 19 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

689-229-103-719

400831

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 400831
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bannock (b) City Downey
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: At home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 3 years 0 months 0 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bannock
   (c) City Downey
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 51 yrs.

3. **RESIDENCE OF FATHER** (city, state) Downey, Ida

4. **FULL NAME OF CHILD** Essie Whitaker.

5. Date of Birth of Child (Month, day, year) Sept. 29. 1896

6. Sex Femail.

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes.

FATHER OF CHILD

10. **FULL NAME** Leander Tilley Whitaker

11. Color or Race White

12. Age at time of THIS birth 29 yrs.

13. Birthplace Richmond (City or town) Utah (State or foreign country)

14. Exact Occupation Farmer.

15. Industry or Business Farmer

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Ann Parsons

17. Color or Race White

18. Age at time of THIS birth 25 yrs.

19. Birthplace Sussex, England (City or town) England (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 11 (b) Born alive and now living 11.

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Alive (Born alive, stillborn) at 7 P. M. on the date and at the place stated above, and that personal particulars were furnished by Mary Ann Parsons (First name) (Last name) who is related as Mother (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

State of Idaho
County of Bannock } ss.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 72 years of age, that I have known this person for 48 years, and that Fannie (First name) Stoddard (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary Ann Whitaker Signature

Downey, Idaho P. O. Address

Subscribed and sworn to before me this 20th day of January, 1945

(SEAL) J. Dickmore, Notary Public, residing at Downey, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 24 1945 by ____, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 24 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

482-207 229-285

400880

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 400880
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Latah (b) City near Juliaetta
(c) Street Address or R.F.D. No. on American Ridge
(d) Name of Hospital or Maternity Home:
none-was born in own home
(e) Mothers stay BEFORE delivery:
In THIS county 4 years 7 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Latah
(c) City near Juliaetta
(d) Street Address or R.F.D. No. none
(e) How long has MOTHER lived in Idaho? 5 yrs.

3. RESIDENCE OF FATHER (city, state) same as above

4. FULL NAME OF CHILD Jessie Aldana Dysart

5. Date of Birth of Child (Month, day, year) 8/7/1896

6. Sex female

7. Twin or Triplet no If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Francis Porter Dysart
11. Color or Race white
12. Age at time of THIS birth 34 yrs.
13. Birthplace St.Johns, New Brunswick, Canada (City or town) (State or foreign country)
14. Exact Occupation part farming-part logging
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Ada Roseltha Shelton
17. Color or Race White
18. Age at time of THIS birth 26 yrs.
19. Birthplace near Rochester, Olmstead Co Minn. (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

I died at 4yrs old

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by Ada Roseltha Shelton (First name) Parke (Last name) who is related as mother (Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

AFFIDAVIT

State of Washington
County of Yakima } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 76 years of age, that I have known this person for years, and that X Mrs. Jones -mid wife (First name) (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

ada Roseltha Dysart Parke Signature

P. O. Address

Subscribed and sworn to before me this 18th day of January, 19 45

(SEAL) E. Bennett, Notary Public, residing at Toppenish

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 29 1945 by , Registrar

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 29 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

993-229-036-364

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 400890

Local Reg. No.

Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Oneida (b) City Rockland
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: None
   (e) Mother's stay **BEFORE** delivery: IN THIS county 6 years 6 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Oneida
   (c) City Rockland
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 7 yrs.

3. **RESIDENCE OF FATHER** (city, state) Rockland, Ida.

4. **FULL NAME OF CHILD** Olive Mary Rice

5. Date of Birth of Child (Month, day, year) 11-29-1896

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 mos. 9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Hyrum William Rice
11. Color or Race White
12. Age at time of THIS birth 30 yrs.
13. Birthplace Utah (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Same

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Stella Demette Lounsbury
17. Color or Race white
18. Age at time of THIS birth 26 yrs.
19. Birthplace Brodhead, Wisconsin (City or town) (State or foreign country)
20. Exact Occupation Housekeeper
21. Industry or Business Same

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (Born alive, stillborn) at 4 P. M. on the date and at the place stated above, and that personal particulars were furnished by Edna M. McWilliams (First name) (Last name), who is related to this child as Aunt (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Cassia } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Aunt (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 63 years of age, that I have known this person for 48 years, and that Emily Lish (First name) (Last name), who attended this birth Is now deceased (Is now deceased) or (Cannot be located), I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Edna M. McWilliams Signature

Albion Idaho P. O. Address

Subscribed and sworn to before me this 28 day of January, 1945

(SEAL)

Notary Public, residing at Albion, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 1 - 1945 by Mary [illegible], Registrar.

FEB 1 1968

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

386-22-029-265

400891

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 400891
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Latah (b) City Genesee
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: born at home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years 9 months - days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Latah
   (c) City Genesee
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 3 yrs.

3. **RESIDENCE OF FATHER** (city, state) Idaho, Genesee

4. **FULL NAME OF CHILD** Vesta Dene Thomas

5. Date of Birth of Child (Month, day, year) May 26, 1896

6. Sex female

7. Twin or Triplet no If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Charles Dan Thomas
11. Color or Race white
12. Age at time of THIS birth 25 yrs.
13. Birthplace Danbury, Iowa (City or town) (State or foreign country)
14. Exact Occupation School teacher
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Dora Rachel B ond
17. Color or Race white
18. Age at time of THIS birth 25 yrs.
19. Birthplace Irving, Oregon (City or town) (State or foreign country)
20. Exact Occupation house wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child one (b) Born alive and now living one

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

AFFIDAVIT

State of
County of } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 74 years of age, that I have known this person for since birth years, and that Dr. (First name) Conant (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Dora Rachel Thomas Signature
180—7th Ave N Twin Falls P. O. Address

Subscribed and sworn to before me this 25 day of January, 1945.

(SEAL) Grace E. Baxter, Notary Public, residing at Twin Falls Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 30 1945 by Mabel Helgen, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 1 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

243-227-006-419

401002

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 401002
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bingham (b) City Idaho Falls
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 1 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bingham
   (c) City Idaho Falls
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? one yrs.

3. **RESIDENCE OF FATHER** (city, state) Idaho Falls, Idaho

4. **FULL NAME OF CHILD** Margaret Butler

5. Date of Birth of Child (Month, day, year) Nov 27, 1896

6. Sex female

7. Twin or Triplet no If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** John Henry Butler
11. Color or Race white
12. Age at time of THIS birth 26 yrs.
13. Birthplace Soda Springs (City or town) Idaho (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Agnes Martin
17. Color or Race white
18. Age at time of THIS birth 24 yrs.
19. Birthplace Hamilton (City or town) Scotland (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum none
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name) who is related as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife ..... Address ..... Date .....

AFFIDAVIT

State of California
County of Los Angeles } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 72 years of age, that I have known this person for 48 years, and that Jane Waterson (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Agnes Martin Butler Signature

1222 West 8th Street, Los Angeles P. O. Address

Subscribed and sworn to before me this 5th day of February, 19 45.

(SEAL) Stella Montoya, Notary Public, residing at Los Angeles, Cal.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 12 1945 by ..... Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 18 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth ~~which has occurred subsequent to such date~~, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

966-123028-252

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 402134
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County KOOTENIA (b) City COUER D'ALENE
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Kootenia
   (c) City Couer D'Alene
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 2 yrs.

3. **RESIDENCE OF FATHER** (city, state) Same

4. **FULL NAME OF CHILD** HAROLD LENCIL ROWELL

5. Date of Birth of Child (Month, day, year) Oct. 23, 1896

6. Sex Male

7. Twin or Triplet no If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy full

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** LENCIL JACOB ROWELL
11. Color or Race white
12. Age at time of THIS birth 23 yrs.
13. Birthplace Mondovi (City or town) Wisconsin (State or foreign country)
14. Exact Occupation Rancher
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** EVA E. BEST
17. Color or Race white
18. Age at time of THIS birth 23 yrs.
19. Birthplace Cinnersville (City or town) Wisconsin (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

AFFIDAVIT

State of Washington
County of King } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 71 years of age, that I have known this person for 48 years, and that MRS. SARAH E. ACRE (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Lencil J. Rowell Signature
1521-7th Ave. West, Seattle, Wash. P. O. Address

Subscribed and sworn to before me this 23d day of February, 1945.
(SEAL) Gladys L. Moore, Notary Public, residing at Seattle.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on 3-6-1945 by Mabel Hall, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 27 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

415 103 029 224

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 402213
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Latah (b) City Genesee
   (c) Street Address or R.F.D. No. 1
   (d) Name of Hospital or Maternity Home: at home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 14 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Latah
   (c) City Genesee
   (d) Street Address or R.F.D. No. 1
   (e) How long has **MOTHER** lived in Idaho? 14 yrs.

3. **RESIDENCE OF FATHER** (city, state) Genesee Ida.

4. **FULL NAME OF CHILD** Clarence Daniel Danielson

5. Date of Birth of Child (Month, day, year) Sept. 3rd 1896

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Peter Christian Danielson
11. Color or Race White
12. Age at time of THIS birth 27 yrs.
13. Birthplace Atwater (City or town) Minnesota (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Annie Nicholine Skurrud
17. Color or Race White
18. Age at time of THIS birth 22 yrs.
19. Birthplace Norse (City or town) Texas (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business Farming

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name) who is related as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

State of Idaho
County of Latah } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 70 years of age, that I have known this person for since birth years, and that Mid Wife, (First name) (Last name) who attended this birth deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Clarence A Danielson Signature

Genesee, Idaho P. O. Address

Subscribed and sworn to before me this 2nd day of March, 1945.

(SEAL) W W Burk, Notary Public, residing at Genesee, Ida.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 5 - 1945 by Mabel Hyde, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 7 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

386 172 025-168

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 402257
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Idaho (b) City Grangeville
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: private residence
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 9 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Idaho
   (c) City Grangeville,
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? nine yrs.

3. **RESIDENCE OF FATHER** (city, state) Grangeville, Ida

4. **FULL NAME OF CHILD** Ezra Oscar Thompson

5. Date of Birth of Child (Month, day, year) May 22, 1896

6. Sex male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Daniel Albert Thompson
11. Color or Race white
12. Age at time of THIS birth 48 yrs.
13. Birthplace Iowa (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Nell Rose Johnson
17. Color or Race white
18. Age at time of THIS birth 27 yrs.
19. Birthplace Pike County, Illinois (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child four (b) Born alive and now living three

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife ..... Address ..... Date .....

State of Idaho
County of Idaho } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the uncle (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 77 years of age, that I have known this person for 48 years, and that Dr. G. S. Stockton (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Harrison Johnson Signature
Grangeville, Idaho P. O. Address

Subscribed and sworn to before me this 2 day of March, 1945.

(SEAL) M.L. Ayers, Notary Public, residing at Grangeville, Ida.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 13 1945 by ..... Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy required in advance payment of fifty cents, money order or coin.

MAR 14 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 194, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to that date, a report may be prepared and filed by the local registrar for record in the Bureau of Vital Statistics, for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code, Annotated, when such report is accompanied by a certificate of the attending physician, midwife or by Affidavits of the father or mother of the child or if neither father or mother of the child is living or accessible, of the nearest of kin or some other person having direct knowledge in the premises.

593 104009 - 763

United States Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No. 402367
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bonner (b) City Porthill
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In THIS county 1 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bonner
   (c) City Porthill
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 1 yrs.

3. **RESIDENCE OF FATHER** (city, state) Porthill, Ida

4. **FULL NAME OF CHILD** Irving C. Erlwein

5. Date of Birth of Child (Month, day, year) Dec. 4th 1896

6. Sex [redacted]e

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Louis W. Erlewein
11. Color or Race White
12. Age at time of THIS birth 32 yrs.
13. Birthplace La Crosse, Wisc. (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Minnie Polzin
17. Color or Race W
18. Age at time of THIS birth 22 yrs.
19. Birthplace LaCrosse, Wisc. (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at 10 A M. on the date and at the place stated above, and that personal particulars were furnished by Minnie Erlewein (First name) (Last name) who is related as Mother (Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

AFFIDAVIT

State of Idaho } ss.
County of Boundary }

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 72 years of age, that I have known this person for 48 years, and that Mrs Lafferty (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Minnie Polzin Erlewein Signature

Bonners Ferry, Idaho. P. O. Address

Subscribed and sworn to before me this 16th day of March, 1945

(SEAL) J. W. Reid, Notary Public, residing at Bonners Ferry Idaho.

(Note: Perjury is punishable as a felony in Idaho, see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 20 1945 by Mabel Hyde, Registrar

MAR 21 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

236 219 038 795

United States Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 403418
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Payette (b) City Payette
   (c) Street Address or R.F.D. No. Idaho
   (d) Name of Hospital or Maternity Home: Home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years 18 months Sept. days 19

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Payette
   (c) City Payette
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 56 yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Bertha Ida Storie

5. Date of Birth of Child (Month, day, year) Sept. 19-1896

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 mo.

9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** Jessie Wilbur Storie
11. Color or Race White
12. Age at time of THIS birth 31 yrs.
13. Birthplace Camden Co. Mo. (City or town) (State or foreign country)
14. Exact Occupation Carpenter
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Amanda Louisa Stratton
17. Color or Race White
18. Age at time of THIS birth 24 yrs.
19. Birthplace Hickory Co. Mo. (City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

AFFIDAVIT

State of Washington } ss.
County of Pierce }

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 56 years of age, that I have known this person for 49 years, and that Mrs. (First name) Galden (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Sarah Florence Pritchard Signature
#6922 So. Tyler, Tacoma Wn. P. O. Address

Subscribed and sworn to before me this 16th day of March, 1945.

(SEAL) Helen Sterne, Notary Public, residing at Tacoma

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 23 1945 by , Registrar

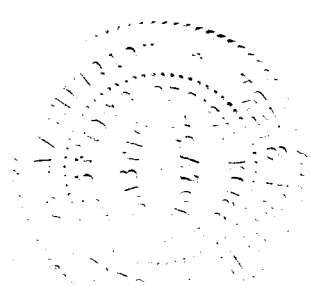
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 2 3 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report ~~any birth which has occurred subsequent to such date,~~ such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



612-214006-753

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 403462
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bingham (b) City Fort Hall
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: at home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 10 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bingham
   (c) City Fort Hall
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 31 yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Hazel Julia Wass

5. Date of Birth of Child (Month, day, year) May 14, 1896.

6. Sex Femal

7. Twin or Triplet – If so—born 1st, 2nd, 3rd –

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** William Everett Wass
11. Color or Race White
12. Age at time of THIS birth 39 yrs.
13. Birthplace Yostville, Pennsylvania. (City or town) (State or foreign country)
14. Exact Occupation Carpenter
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Emily Rachel Peck
17. Color or Race White
18. Age at time of THIS birth 32 yrs.
19. Birthplace Farmington, Utah. (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by Emily (First name) Wass (Last name) who is related as mother (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho } ss.
County of Oneida }

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Uncle (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 79 years of age, that I have known this person for 48 years, and that Dr (First name) Miller (Last name) who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Charles Peck Signature

Malad Idaho P. O. Address

Subscribed and sworn to before me this 26th day of March, 1945.

(SEAL)

Notary Public, residing at Malad, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 29 1945 by Mabel Fielder, Registrar

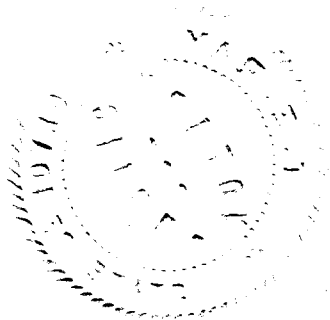
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report ~~any birth which~~ has occurred subsequent to such date, such report may be received and filed by the local registras for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

MAR 2 9 1945



313-221008-319

403526

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 403526
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Boise (b) City Yardeau Valley
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 26 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Boise
   (c) City Yardeau Valley
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 69 yrs.

3. **RESIDENCE OF FATHER** (city, state) Yardeau Valley Idaho

4. **FULL NAME OF CHILD** Helen Edele Calderwood

5. Date of Birth of Child (Month, day, year) Nov. 21, 1896

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Ralph Calderwood
11. Color or Race White
12. Age at time of THIS birth 47 yrs.
13. Birthplace Camden Maine (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Annie Mary Carpentier
17. Color or Race White
18. Age at time of THIS birth 26 yrs.
19. Birthplace Yardeau Valley (City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

AFFIDAVIT

State of Idaho
County of Ada } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Aunt (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 69 years of age, that I have known this person for 69 years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Adele M. Payne Signature

121 Jefferson Boise Idaho P. O. Address

Subscribed and sworn to before me this 9th day of April, 1945.

(SEAL) Betty K. Wright, Notary Public, residing at Boise Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on April 10 - 1945 by Mary F. Elder, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 10 1945

MAR 23 1961

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

436-217032-314 403531 403531

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 403531
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Lincoln (b) City Shoshone
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Lincoln
   (c) City Shoshone
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 16 yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Jessie Remenyi Mc Fall

5. Date of Birth of Child (Month, day, year) July 17, 1896

6. Sex Female

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Matthew Mc Fall
11. Color or Race White
12. Age at time of THIS birth 49 yrs.
13. Birthplace Hamilton, (City or town) Canada (State or foreign country)
14. Exact Occupation
15. Industry or Business Hotel proprietor

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Isabelle Campbell
17. Color or Race White
18. Age at time of THIS birth 40 yrs.
19. Birthplace Wychogama (City or town) Canada (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

AFFIDAVIT

State of Idaho
County of Lincoln } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 62 years of age, that I have known this person for 49 years, and that Dr. W.H. Baugh (First name) (Last name), who attended this birth is now deceases (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Nellie M. Mc Fall Signature

Shoshone, Idaho P. O. Address

Subscribed and sworn to before me this 4th day of April, 1945

(SEAL) W.B. Samuel, Notary Public, residing at Shoshone, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 12 1945 by Mary Fields, Registrar

MAY 28 1954

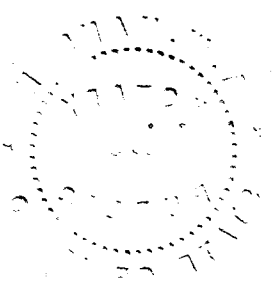
APR 12 1945

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DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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239 227014-259

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 403615
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County then Canyon now Payette (b) City Payette
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: none
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 1 years 2 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County then Canyon now Payette
   (c) City
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 1 yrs.

3. **RESIDENCE OF FATHER** (city, state) Near Payette Idaho

4. **FULL NAME OF CHILD** Marjorie Olive Kline

5. Date of Birth of Child (Month, day, year) Sept. 27, 1896

6. Sex female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Albert Lewis Kline
11. Color or Race white
12. Age at time of THIS birth 27 yrs.
13. Birthplace Blackhawk, Colorado (City or town) (State or foreign country)
14. Exact Occupation Laborer, now retired.
15. Industry or Business none, now.

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Cora Edith Berry
17. Color or Race white
18. Age at time of THIS birth 26 yrs.
19. Birthplace Bertram, Iowa (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business none

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 5 A. M. on the date and at the place stated above, and that personal particulars were furnished by Attendant now deceased (First name) (Last name) who is related as (Mother, etc.) there was not attending physician.

25. Attendant's **OWN** signature — M.D. / Midwife — Address — Date

AFFIDAVIT

State of Oregon
County of Union } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 76 years of age, that I have known this person for 49 years, and that Mrs. H. A. Berry (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Albert Lewis Kline Signature

LaGrande, Oregon P. O. Address

Subscribed and sworn to before me this 6th day of April, 19 45

(SEAL)

Notary Public, residing at LaGrande, Ore.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on by , Registrar

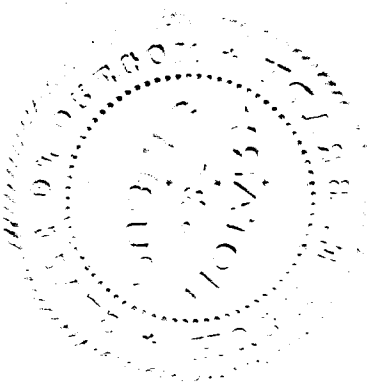
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APR 18 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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669 117 025 469

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 404591
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Idaho (b) City Grangeville
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: Home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Idaho
   (c) City Grangeville
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 6 2 yrs.

3. **RESIDENCE OF FATHER** (city, state) Grangeville, Ida.

4. **FULL NAME OF CHILD** Edgar Clarence Wortman

5. Date of Birth of Child (Month, day, year) October 17, 1926

6. Sex Male

7. Twin or Triplet No If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** William Logan Wortman
11. Color or Race White
12. Age at time of THIS birth 34 yrs.
13. Birthplace Pattansburg . Missouri (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ada Ruth Morgan
17. Color or Race White
18. Age at time of THIS birth 29 yrs.
19. Birthplace Pattonsburg Missouri (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

AFFIDAVIT

State of Idaho } ss.
County of Nez Perce }

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 56 years of age, that I have known this person for 48 years, and that Dr. Stockton (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Bertha Frady Signature
Lenore Idaho P. O. Address

Subscribed and sworn to before me this 11 day of April 1945

(SEAL) Notary Public, residing at Lenore

(Note: Perjury is punishable as a felony in Idaho, see Sec. 17-914, Idaho Code Annotated.)

Received for filing on by , Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

LCCHD
APR 25 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

993-216-028 94

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 104621
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Kootenai (b) City Harrison
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In THIS county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Kootenai
   (c) City Harrison
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? about 17 yrs.

3. **RESIDENCE OF FATHER** (city, state) Harrison-Idaho

4. **FULL NAME OF CHILD** Cecelia Helen Ribstein

5. Date of Birth of Child (Month, day, year) Sept. 16-1896

6. Sex female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Edward Charles Ribstein
11. Color or Race white — 12. Age at time of THIS birth 34 yrs.
13. Birthplace Minnesota (City or town) (State or foreign country)
14. Exact Occupation Hardware Merchant
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Effie May Ramey
17. Color or Race White — 18. Age at time of THIS birth 20 yrs.
19. Birthplace Minnesota (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

AFFIDAVIT

State of Idaho } ss.
County of Kootenai }

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the friend (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 78 years of age, that I have known this person for 48 years, and that the midwife (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

x Frayne S. Bridgeman Signature
x Harrison, Idaho P. O. Address

Subscribed and sworn to before me this 14 day of April, 1945.

(SEAL) M A Kiger, Notary Public, residing at Harrison

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated)

Received for filing on SEP 27 1945 by Mary Felder, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 28 1945

MAR 30 1949

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

453 106 008-432

404 634

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 404634
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Boise (b) City
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In THIS county 25 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Boise
   (c) City
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 25 yrs.

3. **RESIDENCE OF FATHER** (city, state) Idaho

4. **FULL NAME OF CHILD** James Donald DeChambeau

5. Date of Birth of Child (Month, day, year) Mar. 6 1896

6. Sex male

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** James Nesbit DeChambeau
11. Color or Race white
12. Age at time of THIS birth 37 yrs.
13. Birthplace Canada (City or town) (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Elsie McBride
17. Color or Race white
18. Age at time of THIS birth 25 yrs.
19. Birthplace Garden Valley, Idaho (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

AFFIDAVIT

State of Idaho
County of Ada } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 74 years of age, that I have known this person for all his life years, and that midwife (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Elsie DeChambeau Signature

Eagle Idaho P. O. Address

Subscribed and sworn to before me this 20th day of April, 1945.

(SEAL) O M Fairey, Notary Public, residing at Meridian

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-3414, Idaho Code Annotated.)

Received for filing on MAY 1 by Mary Hall, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 1 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

SSS 115 003 847

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 404709
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bannock (b) City Pocatello
   (c) Street Address or R.F.D. No. 1132 N. 8. ave
   (d) Name of Hospital or Maternity Home: Born at home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 2 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bannock
   (c) City Pocatello
   (d) Street Address or R.F.D. No. 1132 N. 8. Ave
   (e) How long has **MOTHER** lived in Idaho? 47 yrs.

3. **RESIDENCE OF FATHER** (city, state) Pocatello Idaho

4. **FULL NAME OF CHILD** John Daniel Ennis

5. Date of Birth of Child (Month, day, year) 8-15-1896

6. Sex Male

7. Twin or Triplet /

If so—born 1st, 2nd, 3rd /

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** John Ennis
11. Color or Race White
12. Age at time of THIS birth 36 yrs.
13. Birthplace St Louis (City or town) Missouri (State or foreign country)
14. Exact Occupation Rail Road Machinist
15. Industry or Business Union Pacific R.R.

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Minnie Hughes
17. Color or Race White
18. Age at time of THIS birth 26 yrs.
19. Birthplace Platte City (City or town) Missouri (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business /

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

State of California
County of San Joaquin } ss.

I, the undersigned, being first duly sworn, say that I am the Sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 50 years of age, that I have known this person for 48 years, and that Dr. O. B. Steeley (First name) (Last name), who attended this birth is now dead (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Bessie (Ennis) O'Harrow Signature
1437 - Diablo St. Vallejo Calif. Address
Home

Subscribed and sworn to before me this 30th day of April, 1945

(SEAL) Alex J. Emerson, Notary Public, residing at Stockton Cal

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 3 1945 by [illegible], Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 4 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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493 117 003-356

United States Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

MAY 7 1945

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 404723
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bannock (b) City Lago
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bannock
   (c) City Lago
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 10 yrs.

3. **RESIDENCE OF FATHER** (city, state) Lago Idaho

4. **FULL NAME OF CHILD** James Martin Mickelson

5. Date of Birth of Child (Month, day, year) Dec. 17 1896

6 Sex

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Peter Mickelson
11. Color or Race white
12. Age at time of THIS birth 26 yrs.
13. Birthplace Huntsville (City or town) Utah (State or foreign country)
14. Exact Occupation farmers
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Annie M. Leffler
17. Color or Race white
18. Age at time of THIS birth 20 yrs.
19. Birthplace Salt Lake Utah (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

AFFIDAVIT

State of Idaho
County of Bonner } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 68 years of age, that I have known this person for 48 years, and that Mrs Morgan (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

✓ Annie M. Christensen Signature

Grace P. O. Address

Subscribed and sworn to before me this 27 day of April, 1945.

(SEAL) Angus Lasley, Notary Public, residing at Grace Ida.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 8 1945 by [illegible], Registrar

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 9 - 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

851-227 003 113

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

New Caribou **CERTIFICATE OF BIRTH** STATE OF IDAHO

State File No. 104798
Local Reg. No. 104798
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bannock (b) City Grays Lake
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Born at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 6 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City Grays Lake (Townlaurton)
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 6 yrs.

3. RESIDENCE OF FATHER (city, state) Grays Lake

4. FULL NAME OF CHILD Estella Blanche Heath

5. Date of Birth of Child (Month, day, year) May 27 1896

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Lonzo Heath

11. Color or Race White

12. Age at time of THIS birth 25 yrs.

13. Birthplace Illinois (City or town) (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Julia Edna Jackson

17. Color or Race White

18. Age at time of THIS birth 21 yrs.

19. Birthplace Thurman Iowa (City or town) (State or foreign country)

20. Exact Occupation House Wife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child one. (b) Born alive and now living one.

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature Midwife deceased M.D. Midwife Address Date

State of Idaho } ss.
County of Bingham }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am ~~the~~ a Personal Friend (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 60+ years of age, that I have known this person for 40 years, and that Mrs Midwife (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

H P Boice Signature
Blackfoot Idaho P. O. Address

Subscribed and sworn to before me this 15 day of December, 19 V.C.

(SEAL) ..... Notary Public, residing at Blackfoot Ida.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 23 1945 by Mabel Fielder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 2 3 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

365-124-006-466

United States Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 404833
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County BINGHAM (b) City IONA
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: MID WIDE IN ATTENDANCE, CHILD BORN AT HOME
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State IDAHO (b) County BINGHAM
   (c) City IONA
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 55 yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** WILLARD LESLIE LONGHURST

5. Date of Birth of Child (Month, day, year) 24, Oct. 1896

6. Sex MALE

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** GEORGE HEBER LONGHURST
11. Color or Race WHITE
12. Age at time of THIS birth 38 yrs.
13. Birthplace POPLAR, MDDX, ENGLAND. (City or town) (State or foreign country)
14. Exact Occupation FARMING
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** MARY ELEANORE MOORE
17. Color or Race WHITE
18. Age at time of THIS birth 28 yrs.
19. Birthplace SMITHFIELD, CACHE COUNTY, UTAH (City or town) (State or foreign country)
20. Exact Occupation HOUSEWIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. / Midwife — Address — Date

State of Idaho
County of Bingham } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4 above, that I am now 76 years of age, that I have known this person for All his life years, and that Eliza Jemmett (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary E. Longhurst Relative Signature
Shelley, Idaho P. O. Address

Subscribed and sworn to before me this 10th day of May, 1945.

(SEAL) L. D. Wagstaff, Notary Public, residing at Shelley, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 23 1945 by [illegible], Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 26 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

386-101-229-249

United States Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 405939
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Latah (b) City Cora
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 8 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Latah
   (c) City Cora
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 8 yrs.

3. **RESIDENCE OF FATHER** (city, state) Cora, Ida.

4. **FULL NAME OF CHILD** Harvey Thompson

5. Date of Birth of Child (Month, day, year) 4/1/96

6. Sex male

7. Twin or Triplet no If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Frances Melvin Thompson
11. Color or Race white
12. Age at time of THIS birth 27 yrs.
13. Birthplace Pittsburg, Pa. (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Almira Burke
17. Color or Race white
18. Age at time of THIS birth 27 yrs.
19. Birthplace Boone County, Iowa. (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business --

22. Name prophylactic used to prevent Ophthalmia Neonatorum don't recall
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Washington
County of Snohomish } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 76 years of age, that I have known this person for 49 years, and that Esther Thompson (First name) (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Almira Thompson Signature
2808 Oakes Ave. Everett, Wash. P.O. Address

Subscribed and sworn to before me this 23 day of May 1945

(SEAL)

Notary Public, residing at Everett.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 1 1945 by Mary Helder, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 2 1945

JUN 12 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

689-202-035 239

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 406067
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Nez Perce (b) City Lewiston
   (c) Street Address or R.F.D. No. 24th Street
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 6 years 7 months — days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Nez Perce
   (c) City Lewiston
   (d) Street Address or R.F.D. No. 24th Street
   (e) How long has **MOTHER** lived in Idaho? Six yrs.

3. **RESIDENCE OF FATHER** (city, state) Same

4. **FULL NAME OF CHILD** Viva May White

5. Date of Birth of Child (Month, day, year) Aug. 2. 1896

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy Nine

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Edmund Randolf White
11. Color or Race White
12. Age at time of THIS birth 33 yrs.
13. Birthplace Old Town (City or town) Maine (State or foreign country)
14. Exact Occupation Carpenter and Laborer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Everilda Strong
17. Color or Race White
18. Age at time of THIS birth 23 yrs.
19. Birthplace Irving (City or town) Kansas (State or foreign country)
20. Exact Occupation Dressmaker and Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child One (b) Born alive and now living One

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name) who is related as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife ..... Address ..... Date .....

AFFIDAVIT

~~State of Idaho~~ U. States of America
~~County of Nez Perce~~ Dist. of Idaho } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 72 years of age, that I have known this person for 49 years, and that Dr. John B Morris (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary Everilda White Signature

R R # 2. Lewiston Idaho P. O. Address

U. States of America
District of Idaho } ss

Subscribed and sworn to before me this 11th day of June 1945.

(SEAL) Jay J. de Febre - U.S. Commissioner, Dist. of Idaho, Central Division, a Notary Public, residing at Lewiston, Idaho

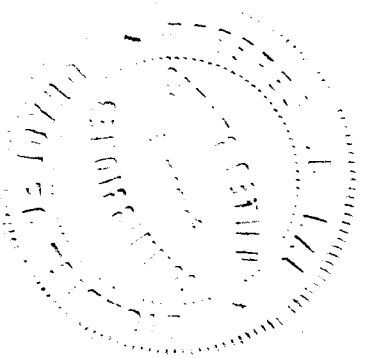
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 14 1945 by Mary Felder, Registrar

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. [redacted]
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Nez Perce (b) City Melrose
(c) Street Address or R F D No. None
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home.....days.
In **THIS** county 2 years 8 months 0 days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Nez Perce
(c) City Melrose
(d) Street Address or R.F.D. No. No
(e) How long has **MOTHER** lived in Idaho? 49 yrs.
(f) Mother's mailing address Reubens Ida.
3. **RESIDENCE OF FATHER** (city, state) Idaho

4. **FULL NAME OF CHILD** Mildred Misner
5. Date of Birth (Month, day, year) June 27, 1896
6. Sex Female 7. Twin or Triplet No If so—born 1st, 2nd, 3rd 1st 8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Artley E. Misner
11. Color or Race White 12. Age at time of THIS birth 44 yrs.
13. Birthplace State of Ill. (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business "

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Swannack
17. Color or Race White 18. Age at time of THIS birth 24 years
19. Birthplace [redacted] Australia (City or town) (State or foreign country)
20. Exact Occupation Housewife.
21. Industry or Business "

22. Name prophylactic used to prevent Ophthalmia Neonatorum None
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 1
(c) Born alive and now dead 1 (d) Stillborn None

24. I HEREBY CERTIFY That I attended the birth of this child, who was (born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother).

26. (a) JUN 29 1945 (Date received) (b) Mabel Holder (Registrar's signature)

27. Given name added on by (Registrar's signature)

25. Attendant's **OWN** signature M.D. or (D.O., Midwife, etc.)
and address Date

State of Idaho } ss.
County of Nez Perce }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Mary Misner, being first duly sworn, say that I am Mother (Related to (or) acquainted with) Mildred Misner (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs Taylor (Name of attendant at birth), who attended said birth dead (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Mary Misner Name
Reubens Ida. P. O. Address

Subscribed and sworn to before me on this 29 day of June, 1945

(SEAL) John L. Peterson Notary Public, residing at Lewiston, Idaho.

205706

JUN 26 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

365-212003-295

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 407267
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bannock (b) City Chesterfield
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: Home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 2 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bannock
   (c) City Chesterfield
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 2 yrs.

3. **RESIDENCE OF FATHER** (city, state) Idaho

4. **FULL NAME OF CHILD** Florence Ivalue Loveland

5. Date of Birth of Child (Month, day, year) Jan. 12 1896

6. Sex Feale

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Josiah Howe Loveland
11. Color or Race white
12. Age at time of THIS birth 25 yrs.
13. Birthplace Brigham City, Utah (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Esther Ada King
17. Color or Race white
18. Age at time of THIS birth 23 yrs.
19. Birthplace South ~~Weber~~ Weber, Utah (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date ____ and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name) who is related as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

AFFIDAVIT

State of Idaho
County of Ada } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 72 years of age, that I have known this person for 49 years, and that Christeen Higginson (First name) (Last name), who attended this birth now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Esther Ada Loveland Signature
Meridian Idaho P. O. Address

Subscribed and sworn to before me this 29th day of June, 1945.

(SEAL) ____, Notary Public, residing at Meridian

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 6 1945 by Maud Felder, Registrar

JUL 6 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

314 225014 464

407276

United States Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 407276
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Canyon (b) City Caldwell
   (c) Street Address or R.F.D. No. 616 Cleveland Blvd
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 32 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Canyon
   (c) City Caldwell
   (d) Street Address or R.F.D. No. 616 Cleveland Blvd
   (e) How long has **MOTHER** lived in Idaho? 32 yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Eldora Campbell

5. Date of Birth of Child (Month, day, year) Oct. 25, 1896

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Daniel D. Campbell
11. Color or Race White
12. Age at time of THIS birth 41 yrs.
13. Birthplace Canada (City or town) (State or foreign country)
14. Exact Occupation
15. Industry or Business Livery Stable

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Pasheba Moudy
17. Color or Race White
18. Age at time of THIS birth 37 yrs.
19. Birthplace Hannibal County, Missouri (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

AFFIDAVIT

State of Oregon
County of Multnomah } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 52 years of age, that I have known this person for 52 years, and that Physician (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Goldie Campbell Chapman Signature

2553 S.E. Salmon, Portland, Oregon P. O. Address

Subscribed and sworn to before me this 26th day of June, 1945.

(SEAL) W. L. Campbell, Notary Public, residing at Portland for Oregon

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated 1932.) Com. Exp. 1-5-49

Received for filing on JUL 10 1945 by Mary Fuller, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 30 1973
JUN 7 1989
JUL 7 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

236-230 D9-415

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 407312
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Latah (b) City Viola
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 6 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Latah
   (c) City Viola
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 6yrs yrs.

3. **RESIDENCE OF FATHER** (city, state) Viola, Idaho

4. **FULL NAME OF CHILD** Anna Minerva Scott

5. Date of Birth of Child (Month, day, year) May 30, 1896

6. Sex Female

7. Twin or Triplet No If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Thomas A. Scott
11. Color or Race White
12. Age at time of THIS birth 38 yrs.
13. Birthplace Illinois (City or town) (State or foreign country)
14. Exact Occupation Laborer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Dora Lee Manson
17. Color or Race White
18. Age at time of THIS birth 20 yrs.
19. Birthplace Nashville Tennessee (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

AFFIDAVIT

State of Washington
County of Whitman } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 69 years of age, that I have known this person for all her life years, and that Dr. Farnham (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

x Dora Lee Scott Signature

1807 State St. Pullman Washington P. O. Address

Subscribed and sworn to before me this 2nd day of July, 1945.

(SEAL) Hugh Eastham, Notary Public, residing at Pullman

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 11 1945 by Mary Walder, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 11 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of ~~failure to report~~ any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 407333
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bannock (b) City Pocatello
   (c) Street Address or R.F.D. No. 230 No. Hayes
   (d) Name of Hospital or Maternity Home: Lemhi Home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 5 years 4 months 10 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bannock
   (c) City Pocatello
   (d) Street Address or R.F.D. No. 230 No. Hayes
   (e) How long has **MOTHER** lived in Idaho? 10 yrs.

3. **RESIDENCE OF FATHER** (city, state) Pocatello Ida

4. **FULL NAME OF CHILD** Della May Thatcher

5. Date of Birth of Child (Month, day, year) 10-27-1896

6. Sex Female

7. Twin or Triplet No — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** John Edward Thatcher
11. Color or Race White
12. Age at time of THIS birth 28 yrs.
13. Birthplace Penn Law Penn (City or town) (State or foreign country)
14. Exact Occupation Railway Conductor
15. Industry or Business Industry

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Christina Knudson
17. Color or Race White
18. Age at time of THIS birth 21 yrs.
19. Birthplace Pocatello Idaho (City or town) (State or foreign country)
20. Exact Occupation Waitress
21. Industry or Business Hotel

22. Name prophylactic used to prevent Ophthalmia Neonatorum No Record
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living Yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name)

who is related as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife ..... Address ..... Date .....

AFFIDAVIT

State of Utah } ss.
County of Salt Lake }

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 77 years of age, that I have known this person for 49 years, and that Dr. James Dean (First name) (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

E. E. Thatcher Signature

Salt Lake City Utah P. O. Address

Subscribed and sworn to before me this 2nd day of July, 19 46

(SEAL) R. 2 7/10/46 Orin Homer, Notary Public, residing at Salt Lake City

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 11 1945 by Mabel Felton, Registrar

JUL 1 1 1949

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

556 117 035-819

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 408489
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Nezperce (b) City Lewiston
   (c) Street Address or R.F.D. No. Idaho st
   (d) Name of Hospital or Maternity Home: Home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 1 years 6 months XX days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Nezperce
   (c) City Lewiston
   (d) Street Address or R.F.D. No. Idaho st
   (e) How long has **MOTHER** lived in Idaho? 1½ yrs.

3. **RESIDENCE OF FATHER** (city, state) Same

4. **FULL NAME OF CHILD** David Lenore Enos

5. Date of Birth of Child (Month, day, year) July 17, 1896

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Thomas Watts Enos
11. Color or Race white
12. Age at time of THIS birth 40 yrs.
13. Birthplace Cass Co. (City or town) Missouri (State or foreign country)
14. Exact Occupation Mill Wright
15. Industry or Business Chop mill (grain)

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Nancy Adeline Harris
17. Color or Race white
18. Age at time of THIS birth 35 yrs.
19. Birthplace Asheville (City or town) N. Carolina (State or foreign country)
20. Exact Occupation house Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 11:45 P. M. on the date and at the place stated above, and that personal particulars were furnished by Lena R. Comstock (First name) (Last name) who is related as aunt (Mother, etc.)

25. Attendant's **OWN** signature Lena R Comstock M.D. ~~Midwife~~ Address 945 Blenheim st Oakland Date aug. 7, 1945

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

State of California } ss.
County of Alameda }

I, the undersigned, being first duly sworn, say that I am the aunt (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 65 years of age, that I have known this person for 49 years, and that _____ (First name) _____ (Last name), who attended this birth _____ (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Lena R. Comstock Signature
945 Blenheim st. Oakland P. O. Address

Subscribed and sworn to before me this 7th day of August, 1945

(SEAL) My Commission Expires _____ James R. Meyer, Notary Public, residing at 18 Estudillo ave San Leandro, Cal

(Note: Perjury is punishable as a felony in Idaho, see Sec. 17-914, Idaho Code Annotated)

Received for filing on AUG 17 1945 by Mary Felder, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 18 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

612-128 004-366

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 408501
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bear Lake (b) City Montpelier
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bear Lake
   (c) City Montpelier, Idaho
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 53 yrs.

3. **RESIDENCE OF FATHER** (city, state) Montpelier Idaho

4. **FULL NAME OF CHILD** Sterling Andrew Oakley

5. Date of Birth of Child (Month, day, year) August 28, 1896

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** William Sherman Oakley
11. Color or Race White
12. Age at time of THIS birth 26 yrs.
13. Birthplace Thompson Ill. (City or town) (State or foreign country)
14. Exact Occupation Rail Road Employee
15. Industry or Business Union Pacific

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Clara Mutilda Torlson
17. Color or Race White
18. Age at time of THIS birth 28 yrs.
19. Birthplace Smithfield Utah (City or town) (State or foreign country)
20. Exact Occupation Home wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

AFFIDAVIT

State of Idaho } ss.
County of Ada }

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 73 years of age, that I have known this person for 49 years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Clara Mutilda Anderson, nee Oakley Signature
360 W. Ocean Long Beach Calif. Address

Subscribed and sworn to before me this 31 day of August, 1945.

(SEAL) C. B. Petrus Notary Public, residing at Boise, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 17 1945 by Mabel Fuller, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 18 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

767 212 004 343

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 408523
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bear Lake (b) City Border
(c) Street Address or R.F.D. No. none
(d) Name of Hospital or Maternity Home: home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 1 years 9 months 6 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bear Lake
(c) City Border
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 1-3/4 yrs.

3. RESIDENCE OF FATHER (city, state) same

4. FULL NAME OF CHILD Velma Celeste Pope

5. Date of Birth of Child (Month, day, year) Feb. 12th 1896

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Charles Wallace Pope
11. Color or Race White
12. Age at time of THIS birth 23 yrs.
13. Birthplace Randolph (City or town) Utah. (State or foreign country)
14. Exact Occupation Ranching
15. Industry or Business hay and livestock

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Rosetta Katherine Lutz
17. Color or Race white
18. Age at time of THIS birth 17 yrs.
19. Birthplace Springdale, Utah. (City or town) (State or foreign country)
20. Exact Occupation housekeeping
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Utah
County of Rich } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 66 years of age, that I have known this person for 49 years, and that Mrs. (First name) Tanner (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Rosetta Katherine Lutz Pope Signature

Garden City Utah P. O. Address

Subscribed and sworn to before me this 29 day of July, 1945

(SEAL)

Notary Public, residing at Garden City

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 17 1945 by Mary Felder, Registrar.

AUG 18 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

AUG 20 19 — **CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No. 40954
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Oneida (b) City Malad
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 24 years One months 15 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Oneida
   (c) City Malad
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 71 yrs.

3. **RESIDENCE OF FATHER** (city, state) Malad, Idaho

4. **FULL NAME OF CHILD** Sylvia Thomas

5. Date of Birth of Child (Month, day, year) Jan. 1, 1896

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** David Morgan Thomas
11. Color or Race white
12. Age at time of THIS birth 23 yrs.
13. Birthplace Malad (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Sarah Jane Williams
17. Color or Race White
18. Age at time of THIS birth 24 yrs.
19. Birthplace Malad, Idaho (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. / Midwife — Address — Date

State of Idaho
County of Oneida } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now XX 73 years of age, that I have known this person for 49 years, and that Mary Stuart (First name) (Last name), who attended this birth Is deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

x David Morgan Thomas Signature

Malad, Idaho P. O. Address

Subscribed and sworn to before me this 17th day of August, 1945

(SEAL) E. R. Cuff, Notary Public, residing at Malad Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated)

Received for filing on AUG 24 1945 by Mary Fidler, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 27 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

555-22-0220-493

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 409570
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County FREMONT (b) City St. ANTHONY
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: NONE
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 7 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County FREMONT
(c) City St. ANTHONY
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 7 yrs.

3. RESIDENCE OF FATHER (city, state) St ANTHONY Ida.

4. FULL NAME OF CHILD VERA Baird NEEb

5. Date of Birth of Child (Month, day, year) April 22, 1896

6. Sex female **7.** Twin or Triplet NO If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME John NEEb
11. Color or Race white **12.** Age at time of THIS birth 36 yrs.
13. Birthplace Shelbyville (City or town) INDIANA (State or foreign country)
14. Exact Occupation RESTAURANT (RUNNING)
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME ETTA MILLER
17. Color or Race white **18.** Age at time of THIS birth 28 yrs.
19. Birthplace TROY (City or town) NEW YORK (State or foreign country)
20. Exact Occupation HOUSEWIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of California } ss.
County of Orange }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the AUNT (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 68 years of age, that I have known this person for 46 years, and that Dr middleton (First name) (Last name), who attended this birth DECEASED (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs J. E. Hopkins Signature
Lone Pine California P. O. Address

Subscribed and sworn to before me this 15 day of December, 1945

(SEAL) Mrs. Mary Hopkins Notary Public, residing at Lone Pine, Calif.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) My Commission Expires December 16, 1946

Received for filing on AUG 31 1945 by Mary Felder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 31 1945

SEP 26 1961

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

699-22 004 731

409628

409628

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 409628
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bear Lake (b) City Bennington
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bear Lake
   (c) City Bennington
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 43 yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Elizabeth Wright [illegible]

5. Date of Birth of Child (Month, day, year) April 21, 1896

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** John Wheeler Wright
11. Color or Race White
12. Age at time of THIS birth 25 yrs.
13. Birthplace Bennington, Idaho (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Minerva McCarter
17. Color or Race White
18. Age at time of THIS birth 23 yrs.
19. Birthplace Kelleville, Utah (City or town) (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

AFFIDAVIT

State of Idaho } ss.
County of Bear Lake Co }

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 53 years of age, that I have known this person for 45 years, and that Margaretta Graham (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Pearl Wright Peterson Signature
172 So 1st East Brigham Utah Address

Subscribed and sworn to before me this 15 day of October, 1945.

(SEAL) [illegible], Notary Public, residing at Brigham City, Utah

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on OCT 19 1945 by [illegible], Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 26 1949

OCT 19 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

289 131-036458

United States Department of Commerce
Bureau of the Census SEP 10 1945

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 10672
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Oneida (b) City Preston
   (c) Street Address or R.F.D. No. none
   (d) Name of Hospital or Maternity Home: Mothers own home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 3 years 5 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Oneida
   (c) City Preston
   (d) Street Address or R.F.D. No. None
   (e) How long has **MOTHER** lived in Idaho? 3 yrs.

3. **RESIDENCE OF FATHER** (city, state) Preston Idaho

4. **FULL NAME OF CHILD** Walmar Dehlin Shipp

5. Date of Birth of Child (Month, day, year) Oct 31-1896

6. Sex Male

7. Twin or Triplet

If so born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Milford Bard Shipp
11. Color or Race white
12. Age at time of THIS birth 30 yrs.
13. Birthplace Salt Lake City Utah (City or town) (State or foreign country)
14. Exact Occupation Physician and Surgeon
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Eda F Dehlin
17. Color or Race white
18. Age at time of THIS birth 32 yrs.
19. Birthplace Mt. Pleasant Utah (City or town) (State or foreign country)
20. Exact Occupation House wife.
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Argerole
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ at ____ M. on the date (Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name)
who is related as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife Address ____ Date ____

AFFIDAVIT

State of Oregon
County of Multnomah } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 80 years of age, that I have known this person for 48 years, and that Milford Bard Shipp (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Eda Dehlin Signature
7118 S.E. Mitchell St. Portland Or. P. O. Address

Subscribed and sworn to before me this 26th day of February 1945, 19____.
(SEAL) G J Bennett, Notary Public, residing at Portland Or.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

State of Oregon
Notary Public in and for the
My commission Expires April 19, 1947.

Received for filing on SEP 12 1945 by Mary Eldridge, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 17 1976

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report ~~any birth which has occurred subsequent to such date, such report may~~ be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

SEP 13 1945

962-127022-816

409687

[redacted]

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

SEP 12 1945

State File No. [redacted]
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Fremont County (b) City Sunnydell
   (c) Street Address or R.F.D. No. --
   (d) Name of Hospital or Maternity Home: Private home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 18 years 1 months 17 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Fremont
   (c) City Sunnydell
   (d) Street Address or R.F.D. No. --
   (e) How long has **MOTHER** lived in Idaho? 18 yrs.

3. **RESIDENCE OF FATHER** (city, state) Sunnydell, Ida

4. **FULL NAME OF CHILD** Irvin Clements Robertson

5. Date of Birth of Child (Month, day, year) Feb. 27, 1896

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Joseph Clements Robertson
11. Color or Race white
12. Age at time of THIS birth 28 yrs.
13. Birthplace Crescent, Lee County Ill. (City or town) (State or foreign country)
14. Exact Occupation Teacher, Public Schools, Idaho
15. Industry or Business Educator

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Edythe May Hawley
17. Color or Race White
18. Age at time of THIS birth 18 yrs.
19. Birthplace Plesant Grove Utah (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Same

22. Name prophylactic used to prevent Ophthalmia Neonatorum none
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ (Born alive, stillborn) at _____ M. on the date and at the place stated above, and that personal particulars were furnished by _____ (First name) (Last name) who is related as _____ (Mother, etc.)

25. Attendant's **OWN** signature _____ M.D. Midwife _____ Address _____ Date _____

AFFIDAVIT

State of California
County of San Diego } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 76 years of age, that I have known this person for 49 years, and that Mrs Willey (mid wife) (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Joseph Clements Robertson Signature

1203 Sunset Cliffs San Diego, Calif. P. O. Address

Subscribed and sworn to before me this 28 day of Aug 1945.

(SEAL) Howard F Rowe, Notary Public, residing at Eagle Col

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated, 1932 Rev. Feb. 17, 1941)

Received for filing on SEP 14 1945 by _____, Registrar

SEP 14 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

243-105-029-651

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 410914
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Latah (b) City Juliaetta
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: Born at home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Latah
   (c) City Juliaetta
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 10 yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Twain Quincy Sullivan

5. Date of Birth of Child (Month, day, year) April 5, 1896

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Charles Aaron Sullivan
11. Color or Race white
12. Age at time of THIS birth 24 yrs.
13. Birthplace Masonville, Iowa (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Lucinda Susan Wetherby
17. Color or Race white
18. Age at time of THIS birth 22 yrs.
19. Birthplace Boston Lacy Washington Co. (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

~~State of~~ Canada ~~County of~~ Province of Saskatchewan ss.

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 73 years of age, that I have known this person for 49 years, and that Thomas (First name) (Last name), who attended this birth are dead (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Charles Aaron Sullivan Signature

Bapaume, Saskatchewan P. O. Address

Subscribed and sworn to before me this 6th day of October, 1945

(SEAL) C. R. Morse, Notary Public, residing at Spirit Wood

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on OCT 17 1945 by Mary F. Elder, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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219-206-035-255

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STANDARD CERTIFICATE OF LIVE BIRTH

Form Approved
BUDGET BUREAU No. 41-R133-42

State File No. 411983
Registrar's No. _____

State of Idaho

1. PLACE OF BIRTH:
(a) County Nez Perce
(b) City or town Lapwai (If outside city or town limits, write RURAL)
(c) Name of hospital or institution: At Home (If not in hospital or institution, give street number or location)
(d) Mother's stay before delivery:
In hospital or institution _____ In this community _____ (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:
(a) State Idahom
(b) County Nez Perce
(c) City or town Lapwai (If outside city or town limits, write RURAL)
(d) Street No. Rural (If rural, give location)

3. Full name of child Mary Bartlett

4. Date of birth 6 (Month) 6 (Day) I896 (Year)

5. Sex: F

6. Twin or triplet _____ If so—born 1st, 2d, or 3d _____

7. Number months of pregnancy 9

8. Is mother married? Yes

FATHER OF CHILD

9. Full name Ulysses Bartlett
10. Color or race White 11. Age at time of this birth 27 yrs.
12. Birthplace Iowa (City, town, or county) (State or foreign country)
13. Usual occupation Farmer
14. Industry or business "

MOTHER OF CHILD

15. Full maiden name Louisa Agnes Snebley
16. Color or race Indian 17. Age at time of this birth 33 yrs.
18. Birthplace Nez Perce Reservation (City, town, or county) (State or foreign country)
19. Usual occupation Housewife
20. Industry or business "

21. Children born to this mother:
(a) How many other children of this mother are now living? 7
(b) How many other children were born alive but are now dead? I
(c) How many children were born dead? 0

22. Mother's mailing address for registration notice:

23. I hereby certify that I attended the birth of this child who was born alive at the hour of _____ m. on the date above stated and that the information given was furnished by Was not present; but is certain as to time. I reported this child as _____

Attendant's own signature Josiah RedWolf
M. D., midwife, or other Neighbor Date signed IO/II/I945
Address Lapwai, Idaho

24. Date received by local registrar OCT 27 1945
25. Registrar's own signature Mabel Felder
26. Date on which given name added _____ by _____ (Registrar)

8-6916a U. S. GOVERNMENT PRINTING OFFICE 16—13492-1

Lapwai, Idaho
October II, I945

I certify that the information furnished above is a correct and true transcript as taken from the official records of the Northern Idaho Agency, and from information furnished by a neighbor of the applicant. Certified this II th day of October, I945 at Lapwai, Idaho

Raymond A. Johnson
Raymond A. Johnson Ed F Agent

Subscribed and sworn to before me this II theday of October, I945, at Lapwai, Idaho.

Archie Phinney
Archie Phinney Superintendent

OCT 3 0 1945

DELAYED

154-126 029-154

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File 413061
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Latah (b) City Moscow
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: at home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 2 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Latah
   (c) City Moscow
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 2 yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** CARL ELMER ANDERSON

5. Date of Birth of Child (Month, day, year) Aug. 26, 1896

6. Sex Male

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Gustaf Emil Andersen
11. Color or Race white
12. Age at time of THIS birth 33 yrs.
13. Birthplace Sweden (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Sofe Blenda Anderson
17. Color or Race white
18. Age at time of THIS birth 32 yrs.
19. Birthplace Sweden (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

State of Idaho
County of Latah } ss.

I, the undersigned, being first duly sworn, say that I am the MOTHER (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 80 years of age, that I have known this person for all her life years, and that Dr. Charles L. Gritman (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

X Sofe Andersson Signature

Moscow, Idaho P. O. Address

Subscribed and sworn to before me this 1 day of May, 1945.

(SEAL) L. A. Merrill, Notary Public, residing at Moscow

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) Sept 23, 1948

Received for filing on NOV 24 1945 by Mabel Felder, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

NOV 2 8 19

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

69; 222-016-214

413082 413082

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 413082
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Cassia (b) City Oakley
   (c) Street Address or R.F.D. No. Oakley, Idaho
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county yes years 1896 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Cassia
   (c) City Oakley
   (d) Street Address or R.F.D. No Oakley, Idaho.
   (e) How long has **MOTHER** lived in Idaho? 65 yrs.

3. **RESIDENCE OF FATHER** (city, state) Oakly, Idaho.

4. **FULL NAME OF CHILD** Frances Josephine Wilson

5. Date of Birth of Child (Month, day, year) Oct 22, 1896

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Charles R. Wilson
11. Color or Race White
12. Age at time of THIS birth 31 yrs.
13. Birthplace Ogden Valley (City or town), Weber County (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Josephine Samuelson
17. Color or Race White
18. Age at time of THIS birth 22 yrs.
19. Birthplace Grantsville, Utah (City or town) (State or foreign country)
20. Exact Occupation Home Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. / Midwife — Address — Date

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

State of Idaho, County of Ada } ss.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 70 years of age, that I have known this person for 49 years, and that Charles R. Wilson (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

x Josephine Wilson Signature

8409-4 ave S Boise Idaho P. O. Address

Subscribed and sworn to before me this 29th day of November, 19 45.

(SEAL)

Opal Billington, Notary Public, residing at Boise, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) My Commission Expires 2/19/49

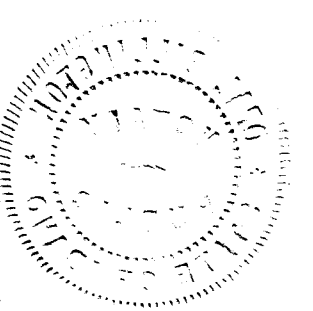
Received for filing on DEC 4 1945 by [illegible], Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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DEC 4 1945

795-207022-612

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 413109
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Fremont (b) City St. Anthony
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 2 years 6 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Fremont
   (c) City St. Anthony, Idaho
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 22 yrs.

3. **RESIDENCE OF FATHER** (city, state) St. Anthony Idaho

4. **FULL NAME OF CHILD** Sadie Marie Green

5. Date of Birth of Child (Month, day, year) Jan. 2, 1895

6. Sex female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Walter William Green
11. Color or Race white
12. Age at time of THIS birth 31 yrs.
13. Birthplace New York City, New York (City or town) (State or foreign country)
14. Exact Occupation clerk
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Clara Elizabeth Oakden
17. Color or Race white
18. Age at time of THIS birth 22 yrs.
19. Birthplace Beaver City, Utah (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

State of Idaho
County of Fremont } ss.

I, the undersigned, being first duly sworn, say that I am the friend (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 44 years of age, that I have known this person for 49 years, and that Dr. William Middleton (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Sarah B Munk Signature
St. Anthony, Idaho P. O. Address

Subscribed and sworn to before me this fourth day of December, 1945.

(SEAL) T H Foley Clerk of District Court, Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 8 1945 by Mary Helen, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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766 121 014-893

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 414193
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Canyon (b) City Emmett
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county one years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Canyon
   (c) City Emmett
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 1 yrs.

3. **RESIDENCE OF FATHER** (city, state) Emmett, Ida

4. **FULL NAME OF CHILD** Ralph Winslow Powers

5. Date of Birth of Child (Month, day, year) June 21, 1896 now deceased

6. Sex Male

7. Twin or Triplet no If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Francis Asbury Powers
11. Color or Race white
12. Age at time of THIS birth 32 yrs.
13. Birthplace near Yoncalla, Oregon (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Cordelia Hickman
17. Color or Race white
18. Age at time of THIS birth 25 yrs.
19. Birthplace Ozark Co., Missouri (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Do not know
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name) who is related as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

AFFIDAVIT

State of Oregon
County of Crook } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 74 years of age, that I have known this person for 49 years, and that Jennie Gardner (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary C Powers Signature

Parma, Idaho P. O. Address

Subscribed and sworn to before me this 2nd day of January, 1946

(SEAL) NOTARY PUBLIC FOR OREGON My Commission Expires May 13, 1948 Notary Public, residing at Prineville, Oregon

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 11 1946 by ____, Registrar

JUN 5 1961

JUL 11 1949

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

646-229-036-646

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No. 415325

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Oneida (b) City Weston
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Oneida
   (c) City Weston
   (d) Street Address or R.F.D. No. 1977
   (e) How long has **MOTHER** lived in Idaho? 18 yrs.

3. **RESIDENCE OF FATHER** (city, state) Weston Idaho

4. **FULL NAME OF CHILD** Lora Fifield

5. Date of Birth of Child (Month, day, year) 29 Feb 1896

6. Sex female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** William Phelps Fifield
11. Color or Race White
12. Age at time of THIS birth 25 yrs.
13. Birthplace Weston (City or town) Oneida Co Idaho (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Annoreth Allen Fifield
17. Color or Race White
18. Age at time of THIS birth 19 yrs.
19. Birthplace Weston (City or town) Idaho Oneida (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living Yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

AFFIDAVIT

State of } ss.
County of }

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 69 years of age, that I have known this person for 49 years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Lora Fifield Signature

Idaho Falls, Ida. R.T. 1. P. O. Address

Subscribed and sworn to before me this 3rd day of January, 1946

(SEAL) Johnnie Thorne, Notary Public, residing at Rockland

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 24 1946 by [illegible], Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

759-130-004-413

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 415345
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bear Lake (b) City Wardboro
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: at our home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bear Lake
   (c) City Wardboro
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 65 yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Loren Jesse Perkins

5. Date of Birth of Child (Month, day, year) July 30 1896

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Jesse A. Perkins
11. Color or Race White
12. Age at time of THIS birth 29 yrs.
13. Birthplace Utah (City or town) (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Sarah Emily Dalrymple
17. Color or Race White
18. Age at time of THIS birth 22 yrs.
19. Birthplace Paris, Idaho (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name) who is related as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

AFFIDAVIT

State of Idaho } ss.
County of Bear Lake }

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the ~~Father~~ (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 78 years of age, that I have known this person for 49 years, and that Mrs Fillier (First name) (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

My Comm. Expires Mar. 29, 1948

x Jesse A. Perkins Signature
Father, Salt Lake City, Utah, P. O. Address

Subscribed and sworn to before me this 28th day of January, 1946.

(SEAL) Frank W. Craig Notary Public, residing at Montpelier, Ida.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 1 1946 by Mabel Pelton, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

793-204-DV-252

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 416324
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County CANYON (b) City MIDDLETON
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State IDAHO (b) County CANYON
   (c) City MIDDLETON
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? - yrs. IDAHO

3. **RESIDENCE OF FATHER** (city, state) MIDDLETON

4. **FULL NAME OF CHILD** MABEL JENNIE PICKENS

5. Date of Birth of Child (Month, day, year) AUG-4-1896

6. Sex FEMALE

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** JOHN WILLIAM-PICKENS
11. Color or Race WHITE
12. Age at time of THIS birth (-) yrs.
13. Birthplace JOPLIN - MISSOURI (City or town) (State or foreign country)
14. Exact Occupation FARMER
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** ELIZABETH-KESLER
17. Color or Race WHITE
18. Age at time of THIS birth (-) yrs.
19. Birthplace WHEELING-W. VIRGINIA (City or town) (State or foreign country)
20. Exact Occupation HOUSEWIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Do not know
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

State of Utah } ss.
County of Utah }

I, the undersigned, being first duly sworn, say that I am the SISTER (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 61 years of age, that I have known this person for 49 years, and that (First name) (Last name), who attended this birth IS NOW DECEASED (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Carl Smith Signature
4166 N - 3 East Provo Utah P. O. Address

Subscribed and sworn to before me this 5th day of Feb. 1946

(SEAL) Reed Pierson, Notary Public, residing at Payson-Utah

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) My Com. Expires 5/15/47

Received for filing on FEB 25 1946 by Mary Felder, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

693-214-014-665 416381

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 416381
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Canyon (b) City P.O. Marsh
   (c) Street Address or R.F.D. No. Emmett
   (d) Name of Hospital or Maternity Home: At home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 11 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Canyon
   (c) City Marsh, P.O. Emmett
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 11 yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Flora Agnes Wittel

5. Date of Birth of Child (Month, day, year) 14 December 1896

6. Sex female

7. Twin or Triplet no If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** JohnSherman Wittel
11. Color or Race White
12. Age at time of THIS birth 31 yrs.
13. Birthplace Shelbyville, Missouri (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farmer

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Libbie E. Owen
17. Color or Race white
18. Age at time of THIS birth 22 yrs.
19. Birthplace Blue Springs, Nebraska (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of California
County of Los Angeles } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 69 years of age, that I have known this person for 47 years, and that Ida Monroe (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Libbie E. Wittel Signature

237 N. Tujunga Ave., Burbank, California P. O. Address

Subscribed and sworn to before me this 18th day of January, 1944

(SEAL) G. V. Cuttle, Notary Public, residing at Burbank, Cal.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated) My Commission Expires January 2, 1945.

Received for filing on APR 18 1946 by Mary Fyler, Registrar.

APR 18 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth ~~which has occurred subsequent to such date, such report may be received~~ and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

659-22-035-796

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 417299
Local Reg. No.
Reg. Dist. No. 4172

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Nez Perce (b) City Lewiston
   (c) Street Address or R.F.D. No. 0204 24th St
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 20 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Nez Perce
   (c) City Lewiston
   (d) Street Address or R.F.D. No. 0204 24th St
   (e) How long has **MOTHER** lived in Idaho? 66 yrs.

3. **RESIDENCE OF FATHER** (city, state) Lewiston Idaho

4. **FULL NAME OF CHILD** Emma Alida White

5. Date of Birth of Child (Month, day, year) Sept 20th 1896

6. Sex Female 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** George Henry White
11. Color or Race White 12. Age at time of THIS birth 49 yrs.
13. Birthplace Oldtown (City or town) Maine (State or foreign country)
14. Exact Occupation Riverman
15. Industry or Business logging

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Evaline Giffen
17. Color or Race White 18. Age at time of THIS birth 39 yrs.
19. Birthplace Albany (City or town) New York (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name) who is related as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife Address ____ Date ____

AFFIDAVIT

State of Idaho
County of Nez Perce } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 58 years of age, that I have known this person for 49 years, and that ____ (First name) ____ (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Jessie E Hamblen Signature
0204 24th St Lewiston, Idaho P. O. Address

Subscribed and sworn to before me this 28th day of February 1946
(SEAL) Leo Mc Carty, Notary Public residing at Lewiston Ida

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-714, Idaho Code Annotated.)

Received for filing on MAR 25 1946 by Mary Helen, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report ~~any birth which has occurred subsequent to such date, such report may~~ be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

238-122-D 35-962

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 417362
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Nez Perce (b) City Lewiston
   (c) Street Address or R.F.D. No. "C"
   (d) Name of Hospital or Maternity Home: at home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Nez Perce
   (c) City Lewiston
   (d) Street Address or R.F.D. No. "C" st
   (e) How long has **MOTHER** lived in Idaho? 35 yrs.

3. **RESIDENCE OF FATHER** (city, state) Lewiston Idaho

4. **FULL NAME OF CHILD** Glen Edward Schantz

5. Date of Birth of Child (Month, day, year) Jan 22 1896

6. Sex Male

7. ~~Twin~~ or ~~Triplet~~ If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** John Adam Schantz
11. Color or Race White
12. Age at time of THIS birth 45 yrs.
13. Birthplace Zion City (City or town) Penn. (State or foreign country)
14. Exact Occupation Carpenter also
15. Industry or Business in Lewiston Hray Co.

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Josephine Elizebeth Robinson
17. Color or Race White
18. Age at time of THIS birth 39 yrs.
19. Birthplace Rushville (City or town) Ill. (State or foreign country)
20. Exact Occupation Teacher of grade school
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

AFFIDAVIT

State of Oregon
County of Multnomah } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Brother (Mother, etc.) of the person whose name appears in Item 4 above, that I am now 65 years of age, that I have known this person for ~~over~~ 50 years, and that ? Shaff or Morris (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

/Everett Schantz Signature

405 NE 95th Portland Ore P. O. Address

Subscribed and sworn to before me this 11th day of April 1946

(SEAL) Lea N Mueller, Notary Public, residing at Portland Ore

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated, 1932.) Ex 1-18-1947

Received for filing on APR 16 1946 by [illegible], Registrar

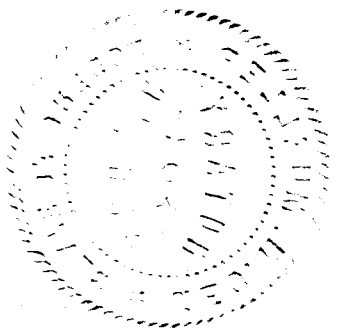
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 17 19

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



269-106-022-165

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 417384
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County ____ (b) City Victor
   (c) Street Address or R.F.D. No. ____
   (d) Name of Hospital or Maternity Home: ____
   (e) Mothers stay **BEFORE** delivery: In **THIS** county ____ years ____ months ____ days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Utah (b) County Uintah
   (c) City Vernal
   (d) Street Address or R.F.D. No. ____
   (e) How long has **MOTHER** lived in Idaho? about 1 mon yrs.

3. **RESIDENCE OF FATHER** (city, state) Vernal Utah

4. **FULL NAME OF CHILD** James Walter Boren

5. Date of Birth of Child (Month, day, year) 7-6-1896

6. Sex Male

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** William Colman Boren
11. Color or Race White
12. Age at time of THIS birth 38 yrs.
13. Birthplace Provo (City or town) Utah (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business Farmer

MOTHER OF CHILD

16. **FULL MAIDEN NAME** LaVina Jones
17. Color or Race White
18. Age at time of THIS birth 32 yrs.
19. Birthplace Fair View (City or town) Utah (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

~~22. Name~~ prophylactic used to prevent Ophthalmia Neonatorum ____

23. Number of children of this mother: (a) At time of birth and including this child 9 (b) Born alive and now living Yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was X Alive (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by Matilda Mossman (First name) (Last name) who is related as Sister (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

State of Utah } ss.
County of Weber }

I, the undersigned, being first duly sworn, say that I am the Sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 65 years of age, that I have known this person for 49 years, and that ____ (First name) Earnest (Last name), who attended this birth do not know where he is (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Matilda Mossman Signature

Washington P. O. Address

Subscribed and sworn to before me this 20 day of March, 1946.

(SEAL) Mary P. Edwards, Notary Public, residing at Roy, Utah

NOTARY PUBLIC FOR UTAH
Residing at Roy, Utah
My Commission Expires May 11, 1948

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotation)

Received for filing on APR 16 1946 by Mary Polden, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 17 1940

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report ~~any birth which has~~ occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



391-129-016-315

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 417385
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Cassia (b) City Oakley
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: Parental Home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 15 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Cassia
   (c) City Oakley
   (d) Street Address or R.F.D. No. none
   (e) How long has **MOTHER** lived in Idaho? 64 yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Lyle Jasper Craner

5. Date of Birth of Child (Month, day, year) Nov. 29, 1896

6. Sex male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** William Jasper Craner
11. Color or Race White
12. Age at time of THIS birth 18 yrs.
13. Birthplace Grantsville (City or town) Utah (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Percis Luella Tanner
17. Color or Race White
18. Age at time of THIS birth 17 yrs.
19. Birthplace Union Fort (City or town) Utah (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

AFFIDAVIT

State of Idaho
County of Gem } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 66 years of age, that I have known this person for 49 years, and that Sarah Bates (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Percis Luella Craner Signature

Emmett, Idaho P. O. Address

Subscribed and sworn to before me this 8th day of April, 1946

(SEAL) C. N. Hegie, Notary Public, residing at Emmett, Ida

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated)

Received for filing on APR 16 1946 by Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

OCT 17 1940

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

773 113 29-814

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 418402
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County LATAH (b) City JULIAETTA
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Own Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State IDAHO (b) County LATAH
(c) City JULIAETTA
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? One yrs.

3. RESIDENCE OF FATHER (city, state) Juliaetta Ida

4. FULL NAME OF CHILD ELDORADO HAMILTON GILBERT

5. Date of Birth of Child (Month, day, year) APRIL 13 1896

6. Sex MALE **7.** Twin or Triplet **If so—born** 1st, 2nd, 3rd

8. No. months of Pregnancy 9. **9.** Legitimate? Yes.

FATHER OF CHILD

10. FULL NAME WALTER WILSON GILBERT
11. Color or Race WHITE **12.** Age at time of THIS birth 29 yrs.
13. Birthplace SILVER CITY (City or town) NEVADA (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME EFFIE HAMILTON.
17. Color or Race WHITE **18.** Age at time of THIS birth 21 yrs.
19. Birthplace WAITSBURG (City or town) WASH. (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living YES

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of IDAHO
County of NEZ PERCE } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 71 years of age, that I have known this person for 50 years, and that Mrs. ? Taylor (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Effie Gilbert Darland Signature

222-11th St. Lewiston, Idaho. P. O. Address

Subscribed and sworn to before me this 29th day of April, 19 46

(SEAL) Notary Public, residing at Lewiston, Idaho.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 3 1946 by Mabel Helden, Registrar.

MAY 6 1941

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

445 · 221023 · 432

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 418408
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Gem (b) City Idaho
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county Several years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County
   (c) City Gem
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? yrs.

3. **RESIDENCE OF FATHER** (city, state) Gem Idaho -

4. **FULL NAME OF CHILD** Ida Gunn

5. Date of Birth of Child (Month, day, year) May. 21 - 1896 -

6. Sex girl

7. Twin or Triplet Single If so—born 1st, 2nd, 3rd 3rd.

8. No. months of Pregnancy 9 months

9. Legitimate? yes -

FATHER OF CHILD

10. **FULL NAME** George M. Gunn
11. Color or Race Scottish
12. Age at time of THIS birth 24 yrs.
13. Birthplace Thurcaithness Scotland - (City or town) (State or foreign country)
14. Exact Occupation Shoemaker
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Isabella McKay -
17. Color or Race Scottish
18. Age at time of THIS birth 22 yrs.
19. Birthplace Thurso-Caithness Scotland (City or town) (State or foreign country)
20. Exact Occupation Housewife -
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 4 -

CERTIFICATE

24. I HEREBY CERTIFY That I ~~attended the birth of~~ this child, who was Born (Born alive, stillborn) at Gem M. on the date and at the place stated above, and that personal particulars were furnished by Christina Chapman (First name) (Last name) who is related as Mothers Sister Christina McKay (Mother, etc.) now Mrs Chapman - nelson B.C.

25. Attendant's **OWN** signature M.D. Midwife Address Date 21st of May -

AFFIDAVIT

State of Canada, Province British Columbia } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the aunt (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 59 years of age, that I have known this person for all her life years, and that ~~_____~~ (First name) ~~_____~~ (Last name), who attended this birth (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Christina Chapman Signature

Box 23 Cedar Hill P. O. Address

Subscribed and sworn to before me this 24th day of April, 1946

(SEAL) Ernie P. Bowen, Notary Public, residing at Nelson B.C.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 4 1946 by Mabel Holden, Registrar - over -

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

Both my Father & Mother are dead. Mrs. Chapman lives at Nelson B.C. and was there at the Gem Idaho time of my birth - find enclosed .50¢ for one copy of the birth certificate - And oblige -

Eda Lunn -
1114 Pandora Ave
Victoria BC

APR 9 1941

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

698-227037-493

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 419593
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Owyhee (b) City Silver City
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: Home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Owyhee
   (c) City Silver City
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? Life yrs.

3. **RESIDENCE OF FATHER** (city, state) Same

4. **FULL NAME OF CHILD** Ina Grace Frye (Fry)

5. Date of Birth of Child (Month, day, year) 3-27-'96

6. Sex Female

7. ~~Twin or~~ ~~Triplet~~ If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Thomas Dunaway Frye
11. Color or Race White
12. Age at time of THIS birth 30 yrs.
13. Birthplace Lancaster, Ohio. (City or town) (State or foreign country)
14. Exact Occupation Construction Sup't.
15. Industry or Business Trade Dollar Mr M Co.

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Idaho Elisabeth Mills
17. Color or Race White
18. Age at time of THIS birth 27 yrs.
19. Birthplace Silver City Idaho (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum ?
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name) who is related as ..... (Mother, etc.)

25. Attendant's **OWN** signature x Mrs S Mason M.D. Midwife — Address 1124 Fourth Ave. Boise Date 10-14-46

AFFIDAVIT

State of ..... } ss.
County of ..... }

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 78 years of age, that I have known this person for 50 years, and that DR. ? (First name) WESTON (Last name), who attended this birth DECEASED (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

x Ida E. Fry. Signature
514 N 12th St. Boise Ida. P.O. Address

Subscribed and sworn to before me this ..... day of 10-14-46 19....

(SEAL) Mrs Mason, Notary Public, residing at Boise

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 21 1946 by Mabel Fisher, Registrar

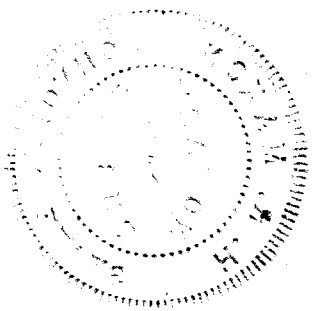
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 25 19

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and ~~filed by the local registrar for~~ record in the ~~Bureau of~~ Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



255-224020-795

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 120672
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Elmore (b) City Mountainhome
   (c) Street Address or R.F.D. No. none
   (d) Name of Hospital or Maternity Home: at home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 3 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State (b) County
   (c) City
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** GEORGIA ANN KEEFER

5. Date of Birth of Child (Month, day, year) Feb. 24, 1896

6. Sex female

7. Twin or Triplet (If so—born 1st, 2nd, 3rd) single

8. No. months of Pregnancy

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Charles Henry Keefer
11. Color or Race white
12. Age at time of THIS birth 33 yrs.
13. Birthplace Illinois (City or town) (State or foreign country)
14. Exact Occupation Grocery-merchant
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Aurilla Prescott
17. Color or Race white
18. Age at time of THIS birth 26 yrs.
19. Birthplace Providence, R.I. (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

AFFIDAVIT

State of California
County of Alameda } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the older sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 55 years of age, that I have known this person for 50 years, and that Dr. William F. Smith (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Sadie M. Roush Signature
3319 Octavia Street, Oakland, Calif. P. O. Address

Subscribed and sworn to before me this 3rd day of July, 1946

(SEAL) Ira Goodenough, Notary Public, residing at Oakland, Cal.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated)

Received for filing on JUL 9 1946 by Mary Felder, Registrar

1946

JUL 9 1946

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may ~~be received and filed by the local registrar for record~~ in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

815-228 035-291

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 420697
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Nez Perce (b) City Tammany
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: Born at Home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 5 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Nez Perce
   (c) City Tammany
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 5 yrs.

3. **RESIDENCE OF FATHER** (city, state) Same

4. **FULL NAME OF CHILD** Bertha Haeberle

5. Date of Birth of Child (Month, day, year) April 28, 1896

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Jacob Haeberle
11. Color or Race Wh
12. Age at time of THIS birth 36 yrs.
13. Birthplace Germany (City or town) (State or foreign country)
14. Exact Occupation Farmer & Butcher
15. Industry or Business Farm

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Pauline Kraft
17. Color or Race Wh
18. Age at time of THIS birth 44 yrs.
19. Birthplace Germany (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Own Home

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. / Midwife — Address — Date

AFFIDAVIT

State of Idaho
County of Nez Perce } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 62 years of age, that I have known this person for 50 years, and that a neighbor woman (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary McLaraken Signature
2006 7th Ave., Lewiston, Idaho P. O. Address

Subscribed and sworn to before me this 28th day of June, 1946

(SEAL) Ruby Livingston CLERK OF THE DISTRICT COURT AND EX-OFFICIO AUDITOR AND RECORDER Notary Public, residing at Lewiston Idaho

(Note: Perjury is punishable as a felony in Idaho Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 8 1946 by [illegible], Registrar

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 9 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

632-115-036-549

421923

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Oneida (b) City Stone
   (c) Street Address or R.F.D. No. —
   (d) Name of Hospital or Maternity Home: Home Residence
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 20 years 11 months 19 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Oneida
   (c) City Town-Stone
   (d) Street Address or R.F.D. No. /
   (e) How long has **MOTHER** lived in Idaho? 5- yrs.

3. **RESIDENCE OF FATHER** (city, state) Stone, Idaho

4. **FULL NAME OF CHILD** Ellis Lambert Olson

5. Date of Birth of Child (Month, day, year) 15 July 1896

6. Sex Male

7. Twin or Triplet —

If so—born 1st, 2nd, 3rd —

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Wego Julius Olson
11. Color or Race White
12. Age at time of THIS birth 34 yrs.
13. Birthplace Copenhagen (City or town) Denmark (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business —

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Martha Jane Hurd
17. Color or Race White
18. Age at time of THIS birth 28 yrs.
19. Birthplace Middleton, Yorkshire (City or town) England (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business —

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living Yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature attending Midwife deceased many years ago. M.D. Midwife Address Date

Prov. Alberta

State of
County of Canada } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Sister (Mother, etc.) of the person whose name appears in Item 4 above, that I am now 56 years of age, that I have known this person for 50 years, and that Elizabeth Goodliffe (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Blanche O. Low Signature

Canadian Alberta P. O. Address

My Commission expires December 31st, 1947

Subscribed and sworn to before me this 2 day of August, 1946

(SEAL) Notary Public, residing at Canadian Alta.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 9 1946 by Walter Felder, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 26 1959

AUG 10 1946

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

366-112-008-942

426004

426004

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Boise (b) City Idaho
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: Home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Boise
   (c) City Idaho
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 6 yrs.

3. **RESIDENCE OF FATHER** (city, state) Idaho

4. **FULL NAME OF CHILD** Alva Barnard Cromwell

5. Date of Birth of Child (Month, day, year) Aug 17, 1896

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd 1st

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Thomas Jefferson Cromwell
11. Color or Race White
12. Age at time of THIS birth 32 yrs.
13. Birthplace Illinois (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Hester Ann Robins
17. Color or Race White
18. Age at time of THIS birth 29 yrs.
19. Birthplace Illinois (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

AFFIDAVIT

State of Idaho } ss.
County of Ada }

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 82 years of age, that I have known this person for life years, and that Dr. Chinn (First name) (Last name), who attended this birth was a Dr. Deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Thomas J. Cromwell Signature

P. O. Address

Subscribed and sworn to before me this 30th day of October, 1946.

(SEAL) Mary F. Elder, Notary Public, residing at Boise.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

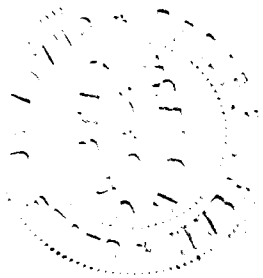
Received for filing on OCT 30 1946 by Johnnie M. Wright, Registrar

COONROD

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



BOTH DELAYED

dup of 1896-355033

165-108-036453

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 426021
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Oneida (b) City Malad
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 31 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Oneida
   (c) City Malad
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 31 yrs.

3. **RESIDENCE OF FATHER** (city, state) Malad, Idaho

4. **FULL NAME OF CHILD** Warren M Jones

5. Date of Birth of Child (Month, day, year) Feby 8, 1896

6. Sex male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Edwin M. Jones
11. Color or Race White
12. Age at time of THIS birth 32 yrs.
13. Birthplace Malad, Idaho (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Margaret Metcalf
17. Color or Race White
18. Age at time of THIS birth 31 yrs.
19. Birthplace Malad, Idaho (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 11P M. on the date and at the place stated above, and that personal particulars were furnished by Margaret Metcalf Jones (First name) (Last name) who is related as mother (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

AFFIDAVIT

State of Idaho
County of Oneida } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the uncle (Mother, etc.) of the person whose name appears in Item 4 above, that I am now 74 years of age, that I have known this person for 50 years, and that Dr Jones (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

J. Metcalf
Signature

Malad City, Idaho
P. O. Address

Subscribed and sworn to before me this 22nd day of October, 1946.

(SEAL)

John Wright
Notary Public, residing at Malad, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-3914, Idaho Code Annotated.)

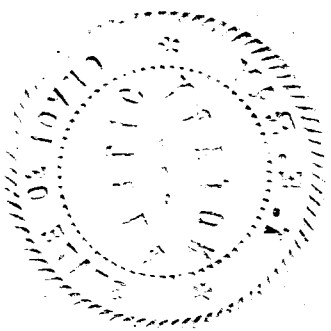
Received for filing on NOV 1 1946 by John Wright, Registrar

NOV 2 1946

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



218-205-014-693 426055 426055

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 426055
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Canyon (b) City Middleton
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Canyon
   (c) City Middleton
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 11 yrs.

3. **RESIDENCE OF FATHER** (city, state) Middleton Ida.

4. **FULL NAME OF CHILD** Ada May Bays

5. Date of Birth of Child (Month, day, year) 1-5-1896

6. Sex Female

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Charles Henry Bays
11. Color or Race White
12. Age at time of THIS birth 25 yrs.
13. Birthplace Green Co. (City or town) Indiana (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business "

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Elmeda Wilson
17. Color or Race White
18. Age at time of THIS birth 25 yrs.
19. Birthplace Jasper Co. (City or town) Missouri (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business "

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

AFFIDAVIT

State of Idaho } ss.
County of Gem }

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 74 years of age, that I have known this person for 50 years, and that Les (First name) Bardsley (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Charles Henry Bays Signature

Emmett Idaho P. O. Address

Subscribed and sworn to before me this 8th day of October, 19 46.

(SEAL)

Notary Public, residing at Emmett

(Note:- Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

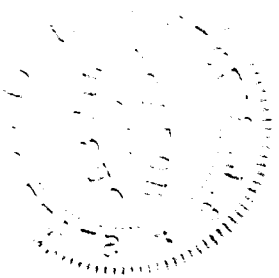
Received for filing on NOV 19 1946 by John M. Smyth, Registrar

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

NOV 20 1946



219-205-044-791

#760071

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

426071

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N.B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Washington
City of Weiser
No. Court St.
(If born in hospital or institution give name.)

Registration District No. _____ State File No. _____
Prim. Registration District No. _____ Local Registrar's No. _____

2. FULL NAME OF CHILD Agnes Mary Barton

3. Sex F | If plural birth | 4. Twin, triplet, or other _____ | 5. Number, in order of birth 3 | 6. Premature _____ | 7. Legiti- Full term yes mate? yes | 8. Date of birth Nov. 5 1896 (MONTH, DAY, YEAR)

FATHER

9. Full name Edward Marion Barton
10. Residence (usual place of abode) (If non-resident, give place and State) Weiser
11. Color or race W | 12. Age at last birthday 39 (years)
13. Birthplace (city or place) (State or country) Miller Co Mo.

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Sheepman & farmer & hotel man
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.
16. Date (month and year) last engaged in this work Feb. 1916
17. Total time (years) spent in this work Life.

MOTHER

18. Full maiden name Caroline Catherine Grab
19. Residence (usual place of abode) (If non-resident, give place and state) Weiser
20. Color or race W | 21. Age at last birthday 35 (years)
22. Birthplace (city or place) (State or country) Kansas Mo.

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
24. Industry or business in which work done, as own home, lawyer's office, silk mill, etc.
25. Date (month and year) last engaged in this work _____ 19__
26. Total time (years) spent in this work

27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 3 (b) Born alive but now dead 0 (c) Stillborn 0

28. If stillborn, period of gestation _____ months or weeks | 29. Cause of stillbirth _____ | Before labor _____ During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive (BORN ALIVE OR STILLBORN) at 12 Midnight m. on the date above stated.

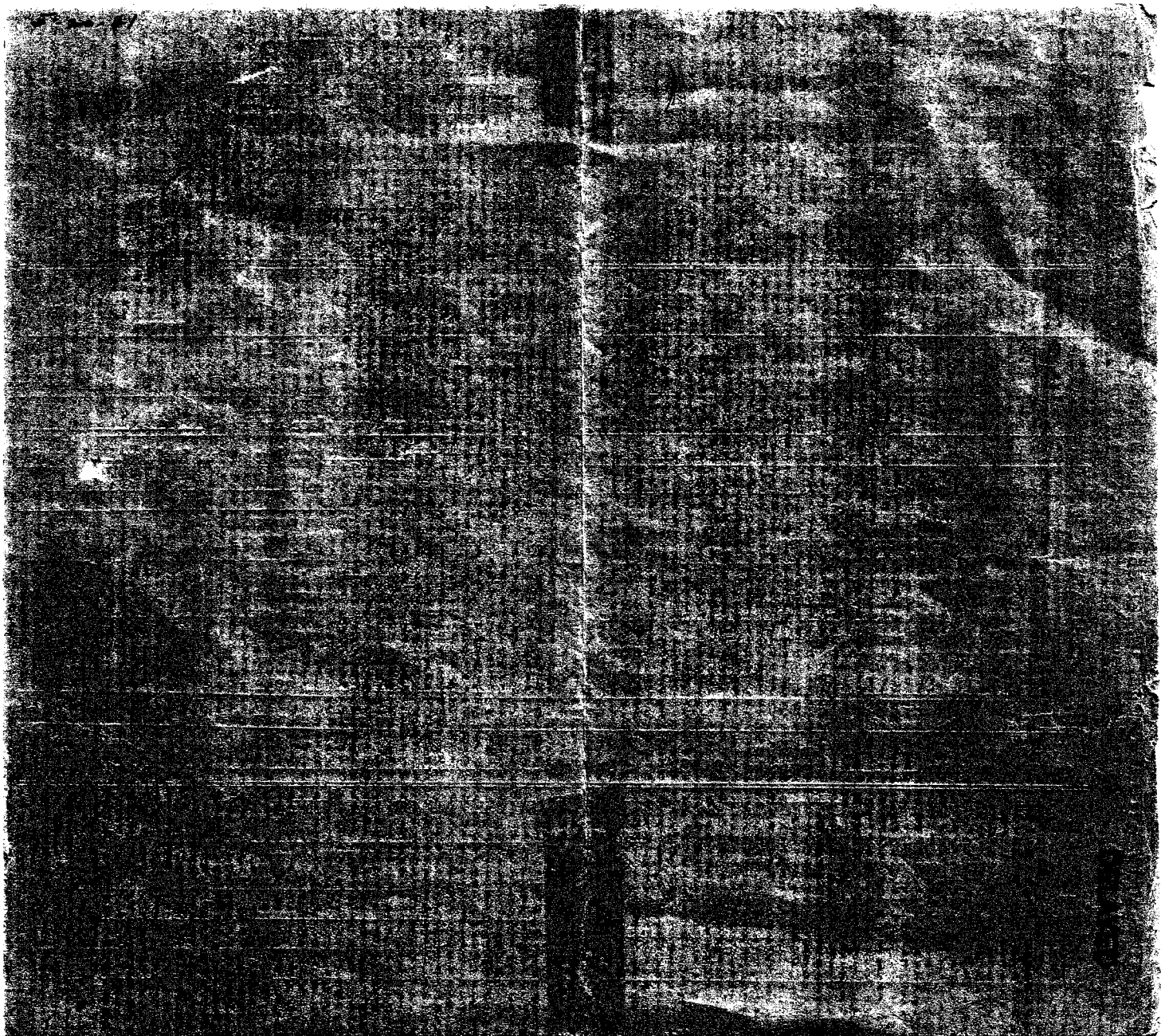
(When there was no attending physician or midwife, then the father, householder, etc., should make this report.)

Give name added from a supplemental report _____

(Signed) Joseph R. Numbers, M. D.
or _____ Midwife
Address Boise Ida.

DEC 16 1916 (DATE OF)
Filed _____, 193__
Registrar.

John W. Wright
Registrar.



255-203-037-231

426098

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 426098
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
   (a) County Owyhee (b) City Silver City
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: at home
   (e) Mothers stay BEFORE delivery: In THIS county 25 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
   (a) State Idaho (b) County Owyhee
   (c) City Silver City
   (d) Street Address or R.F.D. No.
   (e) How long has MOTHER lived in Idaho? 25 yrs.

3. RESIDENCE OF FATHER (city, state) Silver City Idaho

4. FULL NAME OF CHILD Luella Isabelle Kennedy

5. Date of Birth of Child (Month, day, year) July 3 1896

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? YES

FATHER OF CHILD

10. FULL NAME Patrick J. Kennedy
11. Color or Race White
12. Age at time of THIS birth yrs.
13. Birthplace Cork (City or town) Ireland (State or foreign country)
14. ~~Exact~~ ~~Occupation~~ Deceased
15. ~~Industry~~ or ~~Business~~ June-1896

MOTHER OF CHILD

16. FULL MAIDEN NAME Josephine Slack
17. Color or Race White
18. Age at time of THIS birth 26 yrs.
19. Birthplace near Halifax, Nova Scotia (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's OWN signature — M.D. Midwife — Address — Date

AFFIDAVIT

State of Arizona
County of Maricopa } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 86 years of age, that I have known this person for From Birth years, and that — (First name) Dr. Weston (Last name), who attended this birth Cannot be Located (Is now deceased) or (Cannot be located) further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Commission expires 8-25-1947

Joachim & Sarah Buckman Signature

2502 N. 7th Buffalo, Phoenix, Ariz. P. O. Address

Subscribed and sworn to before me this 19th day of December 1946.

(SEAL) Antonio Quinonez Notary Public, residing at Phoenix, Ariz.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 21 1947 by John W Wright Registrar

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

364-123844-567

United States Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 427605
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Washington (b) City
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 9 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Washington
   (c) City
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 9 yrs.

3. **RESIDENCE OF FATHER** (city, state) Washington Co.

4. **FULL NAME OF CHILD** Donald Robert Combs

5. Date of Birth of Child (Month, day, year) Oct. 23, 1896

6. Sex Male

7. Twin or Triplet ✓ If so—born 1st, 2nd, 3rd ✓

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Newton Francis Combs
11. Color or Race White
12. Age at time of THIS birth 39 yrs.
13. Birthplace Illinois (City or town) (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Lenora Hopper
17. Color or Race White
18. Age at time of THIS birth 36 yrs.
19. Birthplace Missouri (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 10 P.M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

AFFIDAVIT

State of Idaho
County of Washington } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 69 years of age, that I have known this person for 50 years, and that Dr. Hunt (First name) (Last name), who attended this birth is deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Effie Archer Signature

Weiser, Idaho P. O. Address

Subscribed and sworn to before me this 18th day of December, 1946

(SEAL) Frank Hyatt, Notary Public, residing at Weiser, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 20 1946 by John W Wright, Registrar

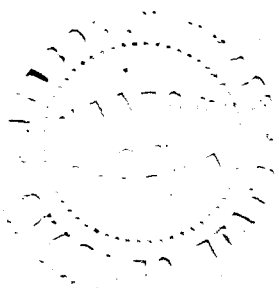
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



219 229 022-292

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 480897
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Fremont (b) City Teton
   (c) Street Address or R.F.D. No. none
   (d) Name of Hospital or Maternity Home: own home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Fremont
   (c) City Teton,
   (d) Street Address or R.F.D. No. none
   (e) How long has **MOTHER** lived in Idaho? 65 yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Zetta Ruth Barnes

5. Date of Birth of Child (Month, day, year) Dec. 29-1896

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Hyrum James Barnes
11. Color or Race White
12. Age at time of THIS birth 44 yrs.
13. Birthplace Salt Lake City Utah (City or town) (State or foreign country)
14. Exact Occupation Stone mason
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Rosa Ann Bishop
17. Color or Race White
18. Age at time of THIS birth 34 yrs.
19. Birthplace England (City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

AFFIDAVIT

State of Idaho
County of Valley } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4 above, that I am now 85 years of age, that I have known this person for 50 years, and that Grandma (First name) Graham (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Rosa Ann Barnes Signature

Cascade, Idaho P. O. Address

Subscribed and sworn to before me this 17th day of February, 19 47.

(SEAL) I J.C. Lefever, Notary Public, residing at Cascade

(Note: Perjury is punishable as a felony in Idaho, see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 24 1947 by John W Wright, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

755-20-001-331

431993

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Adams (b) City Council
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: At Home.
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 13 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Adams
   (c) City Council
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 13 yrs.

3. **RESIDENCE OF FATHER** (city, state) Council, Idaho

4. **FULL NAME OF CHILD** Rene Peebles

5. Date of Birth of Child (Month, day, year) July 1, 1896

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Alford Wood Peebles
11. Color or Race White
12. Age at time of THIS birth 38 yrs.
13. Birthplace Chester Hill (City or town) Ohio (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming.

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Eva Clark
17. Color or Race White
18. Age at time of THIS birth 34 yrs.
19. Birthplace Illinois (City or town) (State or foreign country)
20. Exact Occupation Housewife.
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None
23. Number of children of this mother: (a) At time of birth and including this child 10 (b) Born alive and now living 10

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

AFFIDAVIT

State of Idaho
County of Adams } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Sister R (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 60 years of age, that I have known this person for 50 years, and that Alford (First name) Peebles (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Nellie C. Smith (Signature)

Box 282 Route #1, Bend, Oregon P. O. Address

Subscribed and sworn to before me this 10 day of Feb, 1947.

(SEAL) M.R. Gilbert Comm. Expires 6-20-50 Notary Public, residing at Bend Ore.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914 Idaho Code Annotated.)

Received for filing on MAR 12 1947 by John W Wright, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 1 3 1947

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

632-13-029-863

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No. 433339
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Latah (b) City Troy
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 8 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Latah
   (c) City Troy
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 8 yrs.

3. **RESIDENCE OF FATHER** (city, state) Troy, Idaho

4. **FULL NAME OF CHILD** Harald Egbert Waldemar Olsson

5. Date of Birth of Child (Month, day, year) Jan. 13, 1896

6. Sex male

7. Twin or Triplet no If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Axel Olsson
11. Color or Race white
12. Age at time of THIS birth 28 yrs.
13. Birthplace Undersvik, (City or town) Sweden (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business farmer

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Fredericka Matilda Holland
17. Color or Race white
18. Age at time of THIS birth 29 yrs.
19. Birthplace Christiandsund, (City or town) Norway (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum none
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife **Address** **Date**

AFFIDAVIT

State of Washington } ss.
County of Spokane }

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 79 years of age, that I have known this person for 51 years, and that Dr. ? (First name) Scallom (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

x Fredericka Matilda Olsson Signature

Deer Park, Washington P. O. Address

Subscribed and sworn to before me this 8th day of March, 1947

(SEAL) M. H. Bridges, Notary Public, residing at Deer Park, Wash.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 22 1947 by John W. Straight, Registrar

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 24 1947

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

751-229035-432

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 434927
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Nez Perce (b) City Leland
   (c) Street Address or R.F.D. No. ✓
   (d) Name of Hospital or Maternity Home: at home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Nez Perce
   (c) City Leland
   (d) Street Address or R.F.D. No. ✓
   (e) How long has **MOTHER** lived in Idaho? 4 yrs.

3. **RESIDENCE OF FATHER** (city, state) Leland

4. **FULL NAME OF CHILD** Althea Hale Pearson

5. Date of Birth of Child (Month, day, year) 7/29-1896

6. Sex female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** James L. Pearson
11. Color or Race White
12. Age at time of THIS birth 42 yrs.
13. Birthplace Lacelle (City or town) Illinoise (State or foreign country)
14. Exact Occupation Minister of the Gospel
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Isabelle E. McKay
17. Color or Race White
18. Age at time of THIS birth 35 yrs.
19. Birthplace Webster City (City or town) Iowa (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

AFFIDAVIT

State of Washington } ss.
County of Snohomish }

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Isabelle E Pearson (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 82 years of age, that I have known this person for 51 years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Isabelle E Pearson Signature
mother
Route #1, Hartford, Wash. P. O. Address

Subscribed and sworn to before me this 9th day of May, 19 47.

(SEAL) Lucille Beach, Notary Public, residing at Everett

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated)

Received for filing on MAY 13 1947 by John W Wright, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 13 1947

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

261-126040-215

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

AMENDED June 28, 1947

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 436324
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Shoshone (b) City Murray
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 1 years 7 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Shoshone
   (c) City Murray
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 19mos yrs.

3. **RESIDENCE OF FATHER** (city, state) Murray, Idaho

4. **FULL NAME OF CHILD** Lloyd Bert Swails

5. Date of Birth of Child (Month, day, year) July 26, 1896

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Ethelbert Swails
11. Color or Race White
12. Age at time of THIS birth 31 yrs.
13. Birthplace Sigourney, Iowa (City or town) (State or foreign country)
14. Exact Occupation Carpenter Contractor
15. Industry or Business Building

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Ann Kane
17. Color or Race White
18. Age at time of THIS birth 26 yrs.
19. Birthplace Pittston, Pa. (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 2:30 M. on the date and at the place stated above, and that personal particulars were furnished by Mary A. Swails (First name) (Last name) who is related as Mother (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of California } ss.
County of Los Angeles }

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 76 years of age, that I have known this person for 50 years, and that Dr. Ingall (First name) (Last name), who attended this birth is deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary A. Swails — Signature
12814 Pacific Ave. Venice — P. O. Address

Subscribed and sworn to before me this 14th day of May, 1947.

(SEAL) Albert T. Blanford, Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on May 21, 1947 by John W. Wright, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DELAYED

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 436324
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Shoshone (b) City Murray
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 1 years 7 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Shoshone
   (c) City Murray
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 19 mos.

3. **RESIDENCE OF FATHER** (city, state) Murray Idaho

4. **FULL NAME OF CHILD** Lloyd Bert Swails

5. Date of Birth of Child (Month, day, year) 7-26-1896

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Ethelbert Swails
11. Color or Race white
12. Age at time of THIS birth 31 yrs.
13. Birthplace Sigourney, Iowa (City or town) (State or foreign country)
14. Exact Occupation Carpenter Contractor
15. Industry or Business Building

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Ann Kane
17. Color or Race white
18. Age at time of THIS birth 26 yrs.
19. Birthplace Pittston, Pa. (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 2:30 M. on the date and at the place stated above, and that personal particulars were furnished by Mary A. Swails (First name) (Last name) who is related as Mother (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife Address ____ Date ____

AFFIDAVIT

State of California, County of Los Angeles } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 76 years of age, that I have known this person for 50 years, and that Lloyd Bert Swails (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary A. Swails Signature

128 E. Florence Ave, Venice P. O. Address

Subscribed and sworn to before me this 14th day of May, 1937.

(SEAL) Albert T. Bamford, Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 21 1937 by John W Wright Registrar

MAY 22 1947

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has ~~occurred subsequent to such date, such report~~ may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DELAYED

JUN 27 1947

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of California
County of Los Angeles } ss.

Certificate No. 436324

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth for Lloyd Bert Swails (Name on Original Certificate) who was born (Was Born or Died) on July 26, 1896 (Date of Event) in Murray Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Affidavit Portion	Lloyd Bert Swails (deceased)	Dr. Ingall (deceased)

Subscribed and sworn to before me this 21st day of 1947

Albert J. Blanford
Notary Public, residing at Los Angeles, Calif
My commission expires August 15, 1950
(Seal)

Signed Mary Lucido
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

12814 Pacific Ave, Venice, Calif
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California
County of Los Angeles } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 21st day of 1947

Albert J. Blanford
Notary Public, residing at Los Angeles, Calif
My commission expires August 15, 1950
(Seal)

Signed Beatrice C. Tinker
(Signature of Any Credible Person)

12814 Pacific Ave, Venice, Calif
(Street Address, City, State)

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

JUN 30 1947

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of .....) ..... (Certificate No. .....)

County of .....) ss. ..... (Date Filed)

The undersigned does solemnly swear that certain facts on the certificate of ..... (Birth or Death) for ..... (Name on Original Certificate) who ..... (Was Born or Died) on ..... (Date of Death) in ..... (Place of Death) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name" "Age" "Date of Birth" "Place of Death" Etc.)	FROM (As on Original)	TO (The Correct Facts)

Subscribed and sworn to before me this ..... day of .....

Signed .....

(Signature of person to affirmant if correcting a birth record; of affirmant; funeral director, informant if correcting a death record; or other responsible person.)

My commission expires ..... Notary Public residing at .....

(Seal) (Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of .....) ..... [This Affidavit MUST Also be Executed (See Chapter 159, 1937 Idaho Session Laws.)]

County of .....) ss.

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of .....

Signed .....

(Signature of Any Credible Person)

My commission expires ..... Notary Public residing at .....

(Seal) (Street Address, City, State)

368 119 006-966

APR 17 1947

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 436328
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bingham Co. (b) City Blackfoot, Id.
   (c) Street Address or R.F.D. No. R.F.D.
   (d) Name of Hospital or Maternity Home: Ranch
   (e) Mothers stay **BEFORE** delivery: In **THIS** county ____ years ____ months ____ days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State ____ (b) County ____
   (c) City ____
   (d) Street Address or R.F.D. No. ____
   (e) How long has **MOTHER** lived in Idaho? ____ yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Asa Rowles Loyd

5. Date of Birth of Child (Month, day, year) May 19 1896

6. Sex Male

7. Twin or Triplet ____ If so—born 1st, 2nd, 3rd ____

8. No. months of Pregnancy ____

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Samuel Loyd
11. Color or Race white
12. Age at time of THIS birth 40 yrs.
13. Birthplace Missouri (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Rancher

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Alice Rowles
17. Color or Race White
18. Age at time of THIS birth 32 yrs.
19. Birthplace California (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum ____
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name) who is related as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

AFFIDAVIT

State of Oregon
County of Multnomah } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the aunt (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 75 years of age, that I have known this person for 50 years, and that Dr. Behle (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Virginia C. Vogler Signature
1304 SE Ash., Portland, Ore. P. O. Address

Subscribed and sworn to before me this 9th day of May, 1947.

(SEAL) Notary Public for Oregon W. L. McFarling Notary Public, residing at Portland, Ore.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-944, Idaho Code Annotated.)

My Commission expires Aug. 6, 1947

Received for filing on MAY 21 1947 by John W. Wright, Registrar

MAY 22 1947

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to ~~the effective date of Chapter 191,~~ 1911 Session Laws, has not been recorded, or in case of failure to report ~~any birth which has occurred subsequent to such date,~~ such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

314 112029-236

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 436331
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Latah (b) City None
   (c) Street Address or R.F.D. No. None
   (d) Name of Hospital or Maternity Home: None, born in farm house 1½ miles West of Potlatch.
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Latah
   (c) City None
   (d) Street Address or R.F.D. No. None
   (e) How long has **MOTHER** lived in Idaho? 13 yrs.

3. **RESIDENCE OF FATHER** (city, state) Latah Co. Ida.

4. **FULL NAME OF CHILD** GLENN MORRELL LAMB

5. Date of Birth of Child (Month, day, year) Oct. 12, 1896.

6. Sex Male

7. Twin or Triplet No If so—born 1st, 2nd, 3rd --

8. No. months of Pregnancy 9 mos.

9. Legitimate? Yes.

FATHER OF CHILD

10. **FULL NAME** CHESTER MORRELL LAMB
11. Color or Race white
12. Age at time of THIS birth 22 yrs.
13. Birthplace Topeka, Kansas (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business None

MOTHER OF CHILD

16. **FULL MAIDEN NAME** ANNA STOUT
17. Color or Race white
18. Age at time of THIS birth 20 yrs.
19. Birthplace Corvallis, Oregon (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business None

22. Name prophylactic used to prevent Ophthalmia Neonatorum None used.
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living Yes.

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name) who is related as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

AFFIDAVIT

State of Idaho
County of Nez Perce } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 70 years of age, that I have known this person for since birth years, and that Mrs. Burden (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Anna Lamb Signature

534-4th Ave., Lewiston, Idaho P. O. Address

Subscribed and sworn to before me this 12th day of May, 19 47

(SEAL) Maurice J. Hea, Notary Public, residing at Lewiston, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 21 1947 by John W Wright, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

864-224 001-862

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 436352
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County ____ (b) City Meridian
   (c) Street Address or R.F.D. No. Farm near Meridian
   (d) Name of Hospital or Maternity Home: at home of Leonides Hodgin
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years 6 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County
   (c) City Meridian
   (d) Street Address or R.F.D. No. Farm near Meridian
   (e) How long has **MOTHER** lived in Idaho? 6 mo yrs.

3. **RESIDENCE OF FATHER** (city, state) Meridian Idaho.

4. **FULL NAME OF CHILD** Alice Hodgin

5. Date of Birth of Child (Month, day, year) May 24, 1896

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** William Owen Hodgin
11. Color or Race white
12. Age at time of THIS birth 26 yrs.
13. Birthplace Cedar Co Mo. (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Augusta Hokensen
17. Color or Race white
18. Age at time of THIS birth 18 yrs.
19. Birthplace Sweden (City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 2 p. M. on the date and at the place stated above, and that personal particulars were furnished by Mrs. Minnie Hodgin Crippen (First name) (Last name) who is related as aunt (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Washington } ss.
County of ____ }

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the aunt (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 67 years of age, that I have known this person for since birth years, and that (midwife) Mrs. Anna (First name) Rose (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Minnie Hodgin Crippen Signature
507 So. Howard, Spokane 9, Wash. P. O. Address

Subscribed and sworn to before me this 21st day of May —, 1947

(SEAL) A. M. Mauer Notary Public, residing at Spokane

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 29 1947 by John W Wright, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 31 1947

APR 6 1950

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred ~~subsequent to such~~ date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is ~~living~~ or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

491-113-0[redacted]

United States Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 9-37832
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Latah (b) City near Potlatch
   (c) Street Address or R.F.D. No. (none) Idaho
   (d) Name of Hospital or Maternity Home: none
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 10 years – months – days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Latah
   (c) City near Potlatch, Ida.
   (d) Street Address or R.F.D. No. --
   (e) How long has **MOTHER** lived in Idaho? 55 yrs.

3. **RESIDENCE OF FATHER** (city, state) near in Ida. Potlatch.

4. **FULL NAME OF CHILD** Charles Brady Dial

5. Date of Birth of Child (Month, day, year) May, 13, 1[illegible]

6. Sex male

7. Twin or Triplet no If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 mo.

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Lewis Henry Dial
11. Color or Race White
12. Age at time of THIS birth 34 yrs.
13. Birthplace Manhattan, (City or town) Kans. (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Ida Thompson
17. Color or Race White
18. Age at time of THIS birth 29 yrs.
19. Birthplace Pittsburg, (City or town) Penn. (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business --

22. Name prophylactic used to prevent Ophthalmia Neonatorum none
23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living 9

ATTENDANT'S CERTIFICATE

24. I [redacted] CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name) who is related as ____ (Mother, etc.)

25. Attendant's OWN signature ____ M.D. Midwife ____ Address ____ Date ____

AFFIDAVIT

State of Washington
County of Whitman } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 80 years of age, that I have known this person for 51 years, and that Anna Thompson (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary Ida Dial Signature
RFD 1 Garfield, Wash. P. O. Address

Subscribed and sworn to before me this 8th day of July, 1947

(SEAL) [signature] Notary Public, residing at Palouse, Wash

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 11 1947 by [signature] Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report ~~any birth which~~ has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

967-210-021-719

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 437860
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Franklin (b) City Preston
   (c) Street Address or R.F.D. No. Idaho
   (d) Name of Hospital or Maternity Home: Born at home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 1 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Franklin
   (c) City Preston
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? From 1895 until death yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Lucille Parkinson Rogers

5. Date of Birth of Child (Month, day, year) Sept 10, 1896

6. Sex Female

7. Twin or Triplet No If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Henry T Rogers
11. Color or Race White
12. Age at time of THIS birth 35 yrs.
13. Birthplace Benson, Cache Co, Utah (City or town) (State or foreign country)
14. Exact Occupation Farmer and merchant
15. Industry or Business Grocery establishment

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Esther Chandler Parkinson
17. Color or Race White
18. Age at time of THIS birth 35 yrs.
19. Birthplace Franklin, then Oneida (City or town) (State or foreign country) County, Idaho
20. Exact Occupation Housewife
21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum None
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

AFFIDAVIT

State of Utah
County of Weber } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 52 years of age, that I have known this person for 50 years, and that Dr. Allen Cutler, Sr (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Alli Rogers Barlow Signature

568 12th Ave P. O. Address

Subscribed and sworn to before me this 15th day of July, 19 47.

(SEAL) Notary Public, residing at Salt Lake City, Utah

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 19 1947 by John W Wright, Registrar

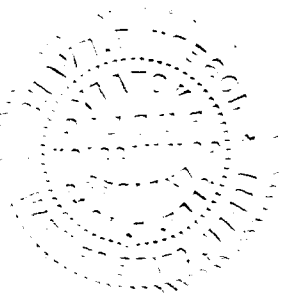
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 19 1947

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



43 9355

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 439355
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Franklin (b) City
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: At home.
   (e) Mothers stay **BEFORE** delivery: In **THIS** county yes years all my life months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Franklin
   (c) City
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? always yrs.

3. **RESIDENCE OF FATHER** (city, state) Idaho.

4. **FULL NAME OF CHILD** Alfonzo Ashbaker

5. Date of Birth of Child (Month, day, year) Dec 7 1896

6. Sex male

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 mo

9. Legitimate? yes.

FATHER OF CHILD

10. **FULL NAME** Jacob Ashbaker
11. Color or Race white
12. Age at time of THIS birth 24 yrs.
13. Birthplace Switzland (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Viola Walker
17. Color or Race white
18. Age at time of THIS birth 16 yrs.
19. Birthplace Willard, Utah. (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother 14 (a) At time of birth and including this child one (b) Born alive and now living all 12

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature Deceased. M.D. Midwife Address Date

AFFIDAVIT

State of Idaho } ss.
County of Franklin }

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother. (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 67 years of age, that I have known this person for 67 years, and that Mrs Grace Midwife (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Viola Ashbaker Signature

Grace Idaho P. O. Address

Subscribed and sworn to before me this 29 day of July, 1947.

(SEAL.) Ezra Lasley, Notary Public, residing at Grace Ida

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 8 1947 by John W Wright, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 4 1957 1947

APR 6 1962

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 439378
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Fremont (b) City Rilford
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: Home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Fremont
   (c) City Rilford
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 9 yrs.

3. **RESIDENCE OF FATHER** (city, state) Rilford, Idaho

4. **FULL NAME OF CHILD** Edith McArthur Mains

5. Date of Birth of Child (Month, day, year) 12 Sept. 1896

6. Sex Female

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** John Wilson McArthur
11. Color or Race White
12. Age at time of THIS birth 51 yrs.
13. Birthplace Haddington (City or town) Scotland (State or foreign country)
14. Exact Occupation
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Sarah Elizabeth Abbott
17. Color or Race White
18. Age at time of THIS birth 46 yrs.
19. Birthplace Burnet States Co. Iowa (City or town) (State or foreign country)
20. Exact Occupation
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 17th (b) Born alive and now living 9 of 14

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

AFFIDAVIT

State of Utah
County of Tooele } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 65 years of age, that I have known this person for 50 years, and that Mary Donovan (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Sarah J. Smith Signature
145 N Main St Tooele Ut. P. O. Address

Subscribed and sworn to before me this 22 day of July, 1947

(SEAL) Notary Public, residing at Tooele-Utah

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 12 1947 by John W Wright, Registrar.

AUG 13 1947

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

439410

United States Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 439410
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bear Lake (b) City Montpelier
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 24 years 3 months 2 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bear Lake
   (c) City Montpelier
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 24 yrs.

3. **RESIDENCE OF FATHER** (city, state) Montpelier Idaho

4. **FULL NAME OF CHILD** Florence Lenon Oakley

5. Date of Birth of Child (Month, day, year) Aug. 7 1896

6. Sex female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** DeWitt Clinton Oakley
11. Color or Race White
12. Age at time of THIS birth yrs.
13. Birthplace Thompson Illinois (City or town) (State or foreign country)
14. Exact Occupation Laborer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Florence May Jones
17. Color or Race White
18. Age at time of THIS birth 24 yrs.
19. Birthplace Montpelier Idaho (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child None (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. / Midwife — Address — Date

AFFIDAVIT

State of California
County of Tuolumne } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Aunt (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 70 years of age, that I have known this person for 50 years, and that Frances (First name) Bridges (Last name), who attended this birth (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Daisy Nelson Signature

Sonora, California P. O. Address

Subscribed and sworn to before me this 21st day of July, 1947

(SEAL) Tobias M Wiggins, Notary Public, residing at Sonora, Calif.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 22 1947 by John Wright Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 23 1947

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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214-220 DC-463

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 440853
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bingham (b) City Blackfoot
   (c) Street Address or R.F.D. No. Gen. Delivery
   (d) Name of Hospital or Maternity Home: At home.
   (e) Mothers stay **BEFORE** delivery: In THIS county --years 11 months --days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bingham
   (c) City Blackfoot
   (d) Street Address or R.F.D. No. Gen. Delivery
   (e) How long has **MOTHER** lived in Idaho? 1- yrs.

3. **RESIDENCE OF FATHER** (city, state) Blackfoot Ida.

4. **FULL NAME OF CHILD** Lillian Oleta Sample

5. Date of Birth of Child (Month, day, year) Sept. 20, 1896.

6. Sex Female

7. Twin or Triplet no If so—born 1st, 2nd, 3rd --

8. No. months of Pregnancy 9-

9. Legitimate? Yes.

FATHER OF CHILD

10. **FULL NAME** William Alexander Sample
11. Color or Race white
12. Age at time of THIS birth 42 yrs.
13. Birthplace Belfast (City or town) Ireland (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ellen Sabray Mollenkopf
17. Color or Race white
18. Age at time of THIS birth 35 yrs.
19. Birthplace Convoy (City or town) Ohio (State or foreign country)
20. Exact Occupation Housewife.
21. Industry or Business --

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 6. (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name) who is related as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

AFFIDAVIT

State of California
County of Alameda } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 63 years of age, that I have known this person for 51 years, and that John (First name) W. Givens (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Maude F. Fisher Signature

5735 Avenal Avenue -- Oakland -1-, California. P. O. Address

Subscribed and sworn to before me this Sixth day of September, 19 47.

(SEAL) Ann Everett, Notary Public, residing at Oakland, Calif

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

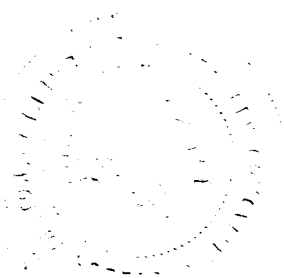
Received for filing on SEP 11 1947 by John W Wright, Registrar

SEP 11 1947

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



DELAYED

659-11-3201-S 44

44220

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 44220
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Ada (b) City Star
(c) Street Address or R.F.D. No. Gen. Del.
(d) Name of Hospital or Maternity Home: At Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 3 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Star
(d) Street Address or R.F.D. No. Gen. Del.
(e) How long has **MOTHER** lived in Idaho? 3 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Emmett Roseltan Ferguson

5. Date of Birth of Child (Month, day, year) Nov. 13, 1896

6. Sex male

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Clark William Ferguson
11. Color or Race White **12.** Age at time of THIS birth 25 yrs.
13. Birthplace Sanalac County, Michigan (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Amanda Melvina Emmert
17. Color or Race White **18.** Age at time of THIS birth 21 yrs.
19. Birthplace Wright County, Missouri (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature A W Hall M.D. Midwife Address Meridian Date May 1 [illegible]

State of ____ } ss.
County of ____ }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Amanda Ferguson (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ____ years of age, that I have known this person for ____ years, and that ____ (First name) ____ (Last name), who attended this birth ____ (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

____ Signature

____ P. O. Address

Subscribed and sworn to before me this ____ day of ____, 19____

(SEAL) ____ Notary Public, residing at ____

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on OCT 11 1937 by John H. Knight, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

OCT 13 1947

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

44221

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 44221
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Blaine (b) City Lost River P.O.
   (c) Street Address or R.F.D. No. None
   (d) Name of Hospital or Maternity Home: None
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months None days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Blaine
   (c) City Lost River Post Office
   (d) Street Address or R.F.D. No. None
   (e) How long has **MOTHER** lived in Idaho? 12 yrs.

3. **RESIDENCE OF FATHER** (city, state) Same

4. **FULL NAME OF CHILD** Caroline Lowe

5. Date of Birth of Child (Month, day, year) June 29 1896

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Charles Lowe
11. Color or Race White
12. Age at time of THIS birth 39 yrs.
13. Birthplace Bornholm, (City or town) Denmark (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Own Farm

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Elena Bidstrup
17. Color or Race White
18. Age at time of THIS birth 36 yrs.
19. Birthplace Bornholm, (City or town) Denmark (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Own Home

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

AFFIDAVIT

State of Idaho
County of Bingham } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the brother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 56 years of age, that I have known this person for 51 years, and that Catherine Puckett (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Charles L. Lowe Signature

Blackfoot Idaho Rt #3 P. O. Address

Subscribed and sworn to before me this 11th day of October, 1947

(SEAL)

John W. Wright, Notary Public, residing at Blackfoot Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on OCT 13 1947 by John W. Wright, Registrar

OCT 13 1947

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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469-216-025-699 #42222

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 42222
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Latah (b) City Moscow
   (c) Street Address or R.F.D. No. Deacon Ave.
   (d) Name of Hospital or Maternity Home: in the home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 4 years 10 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Latah
   (c) City Moscow
   (d) Street Address or R.F.D. No. Deacon Ave
   (e) How long has **MOTHER** lived in Idaho? 56 yrs.

3. **RESIDENCE OF FATHER** (city, state) Moscow Idaho

4. **FULL NAME OF CHILD** Pearl Morgan

5. Date of Birth of Child (Month, day, year) May 16, 1896

6. Sex female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** William McKendree Morgan
11. Color or Race white
12. Age at time of THIS birth 27 yrs.
13. Birthplace Adams County (City or town) Illinois (State or foreign country)
14. Exact Occupation Lawyer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Emma May Friedline
17. Color or Race white
18. Age at time of THIS birth 23 yrs.
19. Birthplace Columbus (City or town) Nebraska (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 1:00 P.M. on the date and at the place stated above, and that personal particulars were furnished by me, Emma M. Morgan (First name) (Last name) who is related as mother (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho
County of Ada } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 73 years of age, that I have known this person for 51 years, and that Dr. C.L. Gritman (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Emma M. Morgan Signature
901 N. 17th Boise, Idaho P. O. Address

Subscribed and sworn to before me this 2nd day of October, 1947.

(SEAL) Ione D. Galloway, Notary Public, residing at Boise Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on OCT 13 1947 by John H. Knight, Registrar

OCT 13 1947
OCT 26 1965
NOV 30 1970

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

769-201-001-613

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 443658
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County ADA (b) City BOISE
   (c) Street Address or R.F.D. No. 13th & Hays St.
   (d) Name of Hospital or Maternity Home: @ at Residence - above
   (e) Mothers stay **BEFORE** delivery: In **THIS** county ~~xxxx~~ years 6 months 6 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State IDAHO (b) County ADA
   (c) City BOISE
   (d) Street Address or R.F.D. No. 13th & Hays St.
   (e) How long has **MOTHER** lived in Idaho? 6 Mos.

3. **RESIDENCE OF FATHER** (city, state) Boise, Idaho

4. **FULL NAME OF CHILD** GERTRUDE M GORDON

5. Date of Birth of Child (Month, day, year) May 1, 1896

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** WALTER TELL GORDON
11. Color or Race White
12. Age at time of THIS birth 28 yrs.
13. Birthplace Juniper, Umatilla Co. (City or town) Oregon (State or foreign country)
14. Exact Occupation Owner of Bicycle Store
15. Industry or Business Gordon & Spaulding Store

MOTHER OF CHILD

16. **FULL MAIDEN NAME** DEMARIS O WALKER
17. Color or Race White
18. Age at time of THIS birth 26 yrs.
19. Birthplace Montrose, Missouri (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

AFFIDAVIT

State of California } ss.
County of Los Angeles }

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 77 years of age, that I have known this person for 51 years, and that (First Name Unknown) Dr. Spaulding (First name) (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Demaris O Gordon Signature

3417-Cattaraugus Ave. Culver City, Calif. P. O. Address

Subscribed and sworn to before me this 12 day of November 1947

(SEAL) Mary L. Farmer, Notary Public, residing at Los Angeles Co.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on NOV 19 1947 by John W Wright, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

NOV 20 1947

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

384-211-004-249

NOV 26 194

443682

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 443682
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bear Lake (b) City Georgetown
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 10 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bear Lake
   (c) City Georgetown
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 10 yrs.

3. **RESIDENCE OF FATHER** (city, state) Georgetown, Ida.

4. **FULL NAME OF CHILD** Verona Myra Smith Chugg

5. Date of Birth of Child (Month, day, year) Nov. 11, 1896

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes.

FATHER OF CHILD

10. **FULL NAME** George Thomas Smith
11. Color or Race White
12. Age at time of THIS birth 32 yrs.
13. Birthplace Salt Lake City, Utah (City or town) (State or foreign country)
14. Exact Occupation Dentist
15. Industry or Business Dentistry

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Harriett Winter Smith
17. Color or Race White
18. Age at time of THIS birth 33 yrs.
19. Birthplace Salt Lake City, Utah. (City or town) (State or foreign country)
20. Exact Occupation Housewife.
21. Industry or Business "

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

AFFIDAVIT

State of Utah
County of Salt Lake } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 83 years of age, that I have known this person for 51 years, and that Dr. - - - Hoover (First name) (Last name), who attended this birth is now deceased; (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Dr. George T. Smith Signature

1425 Hollywood Ave., Salt Lake City By O. Address

Subscribed and sworn to before me this 25th day of November, 19 47.

(SEAL) Melvin B. Peterson, Notary Public, residing at Salt Lake City, Utah.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on NOV 25 1947 by John H. Wright, Registrar

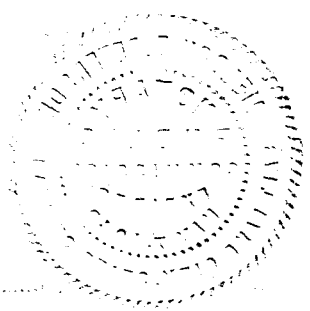
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

NOV 2 8 1947

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



653-123-028-799

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. DE48-0067
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Kootenai (b) City Clarkia
   (c) Street Address or R.F.D. No. -
   (d) Name of Hospital or Maternity Home: -
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 6 years - months - days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Kootenai
   (c) City Clarkia
   (d) Street Address or R.F.D. No. -
   (e) How long has **MOTHER** lived in Idaho? 6 yrs.

3. **RESIDENCE OF FATHER** (city, state) Same.

4. **FULL NAME OF CHILD** Robert Henry Wells

5. Date of Birth of Child (Month, day, year) Feb 23, 1896

6. Sex male

7. Twin or Triplet - If so—born 1st, 2nd, 3rd -

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Charles Thomas Wells
11. Color or Race white
12. Age at time of THIS birth 34 yrs.
13. Birthplace Clarksville, Missouri (City or town) (State or foreign country)
14. Exact Occupation farming
15. Industry or Business "

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Addie Catherine Griffith
17. Color or Race white
18. Age at time of THIS birth 29 yrs.
19. Birthplace Clarksville, Missouri (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business *

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name) who is related as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

AFFIDAVIT

State of Washington } ss.
County of Adams }

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 59 years of age, that I have known this person for 52 years, and that Mrs. Roberts (First name) ____ (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Maude J. Horne Signature

Othello, Washington P. O. Address

Subscribed and sworn to before me this 5th day of February March, 19 48.

(SEAL) - ____, Notary Public, residing at Othello, Wash.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 10 1948 by Lou Wright Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FILE # FROM 67 TO DE48-0067 11/28/12 KMC

MAR 11

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of ~~Vital Statistics for the purposes~~ and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

955-228-028-415

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. DE48-0232
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Kootenai (b) City Santa
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Kootenai
   (c) City Santa
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 6 yrs.

3. **RESIDENCE OF FATHER** (city, state) Santa Idaho

4. **FULL NAME OF CHILD** Rhoda Myrtle Renfro

5. Date of Birth of Child (Month, day, year) Sept. 28, 1896

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Stephen Edward Renfro
11. Color or Race White
12. Age at time of THIS birth 31 yrs.
13. Birthplace Illinois (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Daisy Eddie Davis
17. Color or Race White
18. Age at time of THIS birth 23 yrs.
19. Birthplace Missouri (City or town) (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

AFFIDAVIT

State of Oregon } ss.
County of Grant Pass }

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 74 years of age, that I have known this person for 51 years, and that Sarah (First name) Renfro (Last name), who attended this birth Is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Daisy E. Renfro Signature

Parkdale Ore. P. O. Address

Subscribed and sworn to before me this 13th day of April, 19 48.

(SEAL) Mount Hazel Notary Public, residing at Mount Hazel Ore.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

My Commission expires March 31, 1950

Received for filing on APR 23 1948 by John W Wright, Registrar

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FILE # FROM 232 TO DE48-0232 12/11/12 KMC

APR 23 1948

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

543-110-044-719

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. DE48-0242
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County WASHINGTON (b) City COUNCIL
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: AT HOME,
   (e) Mothers stay **BEFORE** delivery: In **THIS** county TWO years XX months XX days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State IDAHO (b) County WASHINGTON
   (c) City COUNCIL
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? TWO yrs.

3. **RESIDENCE OF FATHER** (city, state) COUNCIL IDA

4. **FULL NAME OF CHILD** FRANK EDWARD, NUTT,

5. Date of Birth of Child (Month, day, year) OCT, 10TH 1896

6. Sex MALE

7. Twin or Triplet SINGLE If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy NINE

9. Legitimate? YES,

FATHER OF CHILD

10. **FULL NAME** HIRAM NUTT,
11. Color or Race WHITE
12. Age at time of THIS birth 59 yrs.
13. Birthplace NEWBERRY (City or town) VERMONT (State or foreign country)
14. Exact Occupation LABORER
15. Industry or Business MINES

MOTHER OF CHILD

16. **FULL MAIDEN NAME** MARTHA, ANN, GARDNER
17. Color or Race WHITE
18. Age at time of THIS birth 38 yrs.
19. Birthplace EUGENE (City or town) OREGON, (State or foreign country)
20. Exact Occupation HOUSEWIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child TWO (b) Born alive and now living ONE

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

AFFIDAVIT

State of
County of } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the AUNT (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for 51 years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

X Lora (Gardner) Worshe Signature

CALDWELL IDAHO, P. O. Address

Subscribed and sworn to before me this 27 day of April, 1948

(SEAL) Jas. L. Blaylock, Notary Public, residing at Caldwell, Ida

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on April 28, 1948 by John W. Wright, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FILE # FROM 242 TO DE48-0242 12/12/12 KMC

APR 28 1948

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

414 - 228-044-614

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. DE48-0247
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Washington (b) City Cambridge
   (c) Street Address or R.F.D. No. --
   (d) Name of Hospital or Maternity Home: (Residence)
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 20 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Washington
   (c) City Cambridge
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 20 yrs.

3. **RESIDENCE OF FATHER** (city, state) Cambridge, Ida.

4. **FULL NAME OF CHILD** Mable May Madison

5. Date of Birth of Child (Month, day, year) Dec. 28, 1896

6. Sex Female

7. Twin or Triplet No If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Joseph Madison
11. Color or Race White
12. Age at time of THIS birth 26 yrs.
13. Birthplace Manti (City or town) Utah (State or foreign country)
14. Exact Occupation Stockman
15. Industry or Business - - - -

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Nellie Wade
17. Color or Race White
18. Age at time of THIS birth 20 yrs.
19. Birthplace Salubria, (City or town) Idaho (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business - - -

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

AFFIDAVIT

State of Idaho } ss.
County of Ada }

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Aunt (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 75 years of age, that I have known this person for 51 years, and that (unknown to me) (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary Smith Signature

2507 State St., Boise, Idaho P. O. Address

Subscribed and sworn to before me this 29th day of April 1948.

(SEAL) Walter F. Eder Notary Public, residing at Boise, Ida.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on April 29, 1948 by John A Wright, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FILE # FROM 247 TO DE48-0247 12/12/12 KMC

APR 29 1948

MAY 20 1958

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

295-216-014-682

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. DE48-0355
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Canyon (b) City Caldwell
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Canyon
   (c) City Caldwell
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 4 yrs.

3. **RESIDENCE OF FATHER** (city, state) Caldwell Ida

4. **FULL NAME OF CHILD** Ida May Kinkaid

5. Date of Birth of Child (Month, day, year) April 16 1896

6. Sex Female

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Joseph Kinkaid
11. Color or Race White
12. Age at time of THIS birth 28 yrs.
13. Birthplace Iowa (City or town) (State or foreign country)
14. Exact Occupation Stock Dealer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Susie Wyckoff
17. Color or Race White
18. Age at time of THIS birth 25 yrs.
19. Birthplace [illegible] Iowa (City or town) (State or foreign country) Mo.
20. Exact Occupation House wife.
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2. (b) Born alive and now living 2.

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. / Midwife — Address — Date

AFFIDAVIT

State of Idaho
County of Canyon } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Uncle (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 83 years of age, that I have known this person for 52 years, and that Dr. Lee (First name) (Last name), who attended this birth is deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

615 Chicago, Caldwell, Idaho P. O. Address

Subscribed and sworn to before me this 27 day of May, 19 48.

(SEAL) Notary Public, residing at Caldwell, Ida

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 29 1948 by John W Wright, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FILE # FROM 355 TO DE48-0355 12/17/12 KMC

MAY 29 1948

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

713-129-040-653

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. DE48-0487
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County SHOSHONE (b) City WARDNER
   (c) Street Address or R.F.D. No. COUNTRY-BIG CREEK
   (d) Name of Hospital or Maternity Home: VALARD PRIVATE HOME
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years 6 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State IDAHO (b) County SHOSHONE
   (c) City WARDNER
   (d) Street Address or R.F.D. No. NO ST. NO. IN-1896
   (e) How long has **MOTHER** lived in Idaho? 3 yrs.

3. **RESIDENCE OF FATHER** (city, state) WARDNER, IDA.

4. **FULL NAME OF CHILD** HARRY EDGAR PALMETER

5. Date of Birth of Child (Month, day, year) NOV. 29. 1896

6. Sex MALE

7. Twin or Triplet No If so—born 1st, 2nd, 3rd —

8. No. months of Pregnancy 9 MO.

9. Legitimate? YES

FATHER OF CHILD

10. **FULL NAME** EDGAR ALLEN PALMETER
11. Color or Race WHITE
12. Age at time of THIS birth 24 yrs.
13. Birthplace BROWNSDALE (City or town) MINN. (State or foreign country)
14. Exact Occupation GETTING OUT MINE SUPPLIES
15. Industry or Business FOR COX & KEGLEY, CONT.

MOTHER OF CHILD

16. **FULL MAIDEN NAME** EDITH ANNA WELLSANDT
17. Color or Race WHITE
18. Age at time of THIS birth 20 yrs.
19. Birthplace CRETE (City or town) NEBRASKA (State or foreign country)
20. Exact Occupation HOUSE WIFE
21. Industry or Business —

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living YES

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

State of Washington } ss.
County of Kitsap }

I, the undersigned, being first duly sworn, say that I am the MOTHER (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 72 years of age, that I have known this person for 51 + years, and that MRS. (First name) SOMMER (Last name), who attended this birth CAN NOT BE LOCATED (Is now deceased) or (Cannot be located) further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Edith Anna Wellsandt Palmeter Signature

744 South Summit, Bremerton, Wn. P. O. Address

Subscribed and sworn to before me this 12 day of July, 1948

(SEAL) Glenn Livingston, Notary Public, residing at Bremerton, Wn.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 14 1948 by John W. Wright, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FILE # FROM 487 TO DE48-0487 12/24/12 KMC

JUL 14 1948

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

517-224-001-813

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. DE48-0498
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Ada (b) City Boise
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Ada
   (c) City Boise
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? yrs.

3. **RESIDENCE OF FATHER** (city, state) Same

4. **FULL NAME OF CHILD** Grace K. Eagleson

5. Date of Birth of Child (Month, day, year) August 24, 1896

6. Sex female

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** John W. Eagleson
11. Color or Race White
12. Age at time of THIS birth 27 yrs.
13. Birthplace Cadiz, Ohio (City or town) (State or foreign country)
14. Exact Occupation Lumber Business
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Effa Hale
17. Color or Race White
18. Age at time of THIS birth 25 yrs.
19. Birthplace Missouri (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

State of Idaho } ss.
County of Ada }

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 79 years of age, that I have known this person for life years, and that Dr. Powers (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

John W. Eagleson Signature

P. O. Address

Subscribed and sworn to before me this 15th day of July 1948

(SEAL) Mabel Fiedler, Notary Public, residing at Boise, Ida.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on July 15 - 1948 by Lina Watkins, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FILE # FROM 498 TO DE48-0498 12/24/12 KMC

JUL 16 1948

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



369-224
204-259

RECEIVED
AUG 30 19
DIVISION OF VITAL

United States Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. DE48-0656
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bear Lake (b) City MONTPELIER
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State IDAHO (b) County Bear Lake
   (c) City MONTPELIER
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** MINNIE CHRISTINA TORGENSON

5. Date of Birth of Child (Month, day, year) NOV. 24, 1896

6. Sex FEMALE

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 months

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** TORGER TORGENSON
11. Color or Race NORWEGIAN
12. Age at time of THIS birth yrs.
13. Birthplace TRONHEIM (City or town) NORWAY (State or foreign country)
14. Exact Occupation CARPENTER
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** ANNA BERG
17. Color or Race NORWEGIAN
18. Age at time of THIS birth yrs.
19. Birthplace OSLO (City or town) NORWAY (State or foreign country)
20. Exact Occupation HOUSEWIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

AFFIDAVIT

State of Idaho } ss.
County of Bannock }

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 64 years of age, that I have known this person for 51 years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Dora Torgensen Hayden Signature
Pocatello Idaho P. O. Address

Subscribed and sworn to before me this 5th day of January 1948

(SEAL)

Theodore H. Gathe, Notary Public, residing at Pocatello Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on SEP 1 1948 by John W. Wright, Registrar

FILE # FROM 656 TO DE48-0656 1/4/13 KMC

SEP 1 1948

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such ~~report may~~ be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

231 - [redacted]-003-719

United States Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. DE48-0669
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bannock (b) City Perry
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: none
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 4 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bannock
   (c) City Perry
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 21 yrs.

3. **RESIDENCE OF FATHER** (city, state) Perry Idaho

4. **FULL NAME OF CHILD** Jerald Lavon Stalker

5. Date of Birth of Child (Month, day, year) Aug. 25, 1926

6. Sex female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 7

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Alma L. Stalker
11. Color or Race white
12. Age at time of THIS birth 31 yrs.
13. Birthplace Franklin (City or town) Idaho (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Alfa Parmlee
17. Color or Race white
18. Age at time of THIS birth 22 yrs.
19. Birthplace Avoca (City or town) Wisconsin (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum none
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living Yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name) who is related as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ **Address** ____ **Date** ____

AFFIDAVIT

State of Utah } ss.
County of Salt Lake }

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 73 years of age, that I have known this person for 51 years, and that ____ (First name) ____ (Last name), who attended this birth ____ (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Alfa Parmely Stalker Signature
#34 Main St. S.L.C. U. P. O. Address

Subscribed and sworn to before me this 7th day of September, 1947.
(SEAL) Ralph A. Barnes, Notary Public, residing at Salt Lake City, Utah
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Sept 2, 1948 by John W Wright Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

SEP 2 1948

FILE # FROM 669 TO DE48-0669 1/4/13 KMC

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

619 - 211-006 - 655

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. DE48-0723
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bingham (b) City Basalt
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: Born at home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 5 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bingham
   (c) City Basalt
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 5 yrs.

3. **RESIDENCE OF FATHER** (city, state) Basalt, Idaho

4. **FULL NAME OF CHILD** Alice Olive Cyril Farnan

5. Date of Birth of Child (Month, day, year) May 11, 1896

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Patrick-Francis Farnan
11. Color or Race White
12. Age at time of THIS birth 34 yrs.
13. Birthplace County of Armah, Ireland (City or town) (State or foreign country)
14. Exact Occupation Construction Foreman
15. Industry or Business Railroad

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Rose O'Neil
17. Color or Race White
18. Age at time of THIS birth 33 yrs.
19. Birthplace County of Armah, Ireland (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living Yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name) who is related as ____ (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

AFFIDAVIT

State of Idaho
County of Bannock } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 56 years of age, that I have known this person for 51 years, and that Mrs. Annie Inglestrom (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary E. [illegible]ansson Signature

Pocatello, Idaho P. O. Address

Subscribed and sworn to before me this 11th day of June, 1947

(SEAL) Henry M. [illegible] Notary Public, residing at Pocatello, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Sept 16, 1948 by John [illegible], Registrar

FILE # FROM 723 TO DE48-0723 1/8/13 KMC

SEP 16 1948

JUL 25 1957

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

415-221-041-289

RECEIVED
SEP 22 1948
BUREAU OF VITAL

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. DE48-0756
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items must be filled in at time of this birth)
   (a) County Teton (b) City Clawson
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county Home years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County
   (c) City (Bitch creek) clawson Idaho.
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? until death yrs.

3. **RESIDENCE OF FATHER** (city, state) Idaho

4. **FULL NAME OF CHILD** Hazel Della Daniels

5. Date of Birth of Child (Month, day, year) June 21 - 1896

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** William Henry Daniels
11. Color or Race White
12. Age at time of THIS birth 39 yrs
13. Birthplace Fort Supply Wyo.
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Elizabeth Shippen
17. Color or Race White
18. Age at time of THIS birth 33 yrs.
19. Birthplace Holiday-burg Utah (City or town) (State or foreign country)
20. Exact Occupation house wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: 7 (a) At time of birth and including this child 6 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above and that personal particulars were furnished by (First name) (Last name) who is related as

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

AFFIDAVIT

State of } ss.
County of }

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Brother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 61 years of age, that I have known this person for 52 years, and that not Known (First name) (Last name), who attended this birth deceased. (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

Wyo Ida Box 191 P. O. Address

Subscribed and sworn to before me this 15th day of September 1948

(SEAL)

, Notary Public, residing at Teton

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-911, Idaho Code Annotated.)

Received for filing on Sept 17, 1948 by John W Wright, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

SEP 23 1948

FILE # FROM 756 TO DE48-0756 1/9/13 KMC

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

699 - 111 -014 - 417

RECEIVED OCT 1 6 1948

United States Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE48-0842
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Canyon (b) City Caldwell
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: At home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 9 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Canyon
   (c) City Caldwell
   (d) Street Address or R.F.D. No. - - -
   (e) How long has **MOTHER** lived in Idaho? 9 yrs.

3. **RESIDENCE OF FATHER** (city, state) Caldwell, Ida.

4. **FULL NAME OF CHILD** Lester Wright

5. Date of Birth of Child (Month, day, year) May 11, 1896

6. Sex Male

7. Twin or Triplet - - - If so—born 1st, 2nd, 3rd - - -

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Junius Wright
11. Color or Race White
12. Age at time of THIS birth 27 yrs.
13. Birthplace Middleton (City or town) Idaho (State or foreign country)
14. Exact Occupation Druggist
15. Industry or Business Druggist

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Jennie M. Maxey
17. Color or Race White
18. Age at time of THIS birth 25 yrs.
19. Birthplace Jefferson County, Ill. (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. / Midwife — Address — Date

AFFIDAVIT

State of Idaho } ss.
County of Canyon }

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the aunt (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 74 years of age, that I have known this person for 52 years, and that William C. Maxey (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Clara A. Kample — Signature

Caldwell, Idaho — P. O. Address

Subscribed and sworn to before me this 14th day of October, 19 48

(SEAL) Clem Gromm, Notary Public, residing at Caldwell, Ida

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Oct 18, 1948 by John W Wright, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FILE # FROM 842 TO DE48-0842 1/15/13 KMC

[redacted] 18 1948

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

635-123-001-235

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. DE48-0895
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County ADA (b) City Boise
   (c) Street Address or R.F.D. No. 125 + IDAHO
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 6 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State IDAHO (b) County ADA
   (c) City Boise
   (d) Street Address or R.F.D. No. 125 + IDAHO
   (e) How long has **MOTHER** lived in Idaho? 18 yrs.

3. **RESIDENCE OF FATHER** (city, state) Boise, IDAHO

4. **FULL NAME OF CHILD** FRANK OAKLEY FLETCHER

5. Date of Birth of Child (Month, day, year) 4-23-1896

6. Sex MALE

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? YES

FATHER OF CHILD

10. **FULL NAME** GEORGE W. FLETCHER
11. Color or Race WHITE
12. Age at time of THIS birth 38 yrs.
13. Birthplace HAMILTON, MINN. (City or town) (State or foreign country)
14. Exact Occupation MERCHANT
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** JEANNETTE STEEN
17. Color or Race WHITE
18. Age at time of THIS birth 40 yrs.
19. Birthplace ST. STEPHEN, NEW BRUNSWICK (City or town) (State or foreign country) CANADA
20. Exact Occupation HOUSEWIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

AFFIDAVIT

State of IDAHO
County of ADA } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the SISTER (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 58 years of age, that I have known this person for 52 years, and that DR. GEORGE COLLISTER (First name) (Last name), who attended this birth IS NOW DECEASED (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Lena T. Treston Signature
1607 Walnut St. Boise Address

Subscribed and sworn to before me this 3rd day of November, 1948.

(SEAL)

John N. Frazier, Notary Public, residing at Boise

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on November 3, 1948 by John W. Wright Registrar

FILE # FROM 895 TO DE48-0895 1/16/13 KMC

NOV 3 1948

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

815-127
030-299

RECEIVED
NOV 15 1948
DIVISION OF VITAL STATISTICS

United States Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. DE48-0938
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Lemhi (b) City Salmon
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years 6 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Lemhi
   (c) City Salmon
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 1 yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Clyde William Haney

5. Date of Birth of Child (Month, day, year) Oct. 27, 1896

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Enos Haney
11. Color or Race White
12. Age at time of THIS birth 31 yrs.
13. Birthplace Fairbault, Minnesota (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farm

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Emma Birmingham
17. Color or Race White
18. Age at time of THIS birth 26 yrs.
19. Birthplace Lake Benton, Minnesota (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Own Home

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 3:00 A. M. on the date and at the place stated above, and that personal particulars were furnished by Josephine (First name) Kenney (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

AFFIDAVIT

State of Minnesota
County of Clearwater } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 77 years of age, that I have known this person for 52 years, and that Josephine (First name) Kenney (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Emma Haney Signature

Rt. # 2, Bagley, Minnesota P. O. Address

Subscribed and sworn to before me this 9th day of November, 19 48

(SEAL) E. M. Bakl, Notary Public, residing at Bagley Minn

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-924, Idaho Code Annotated.)

CLERK OF DISTRICT COURT

Received for filing on November 17, 1948 CLEARWATER COUNTY, MINN. by John W Wright, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FILE # FROM 938 TO DE48-0938 1/18/13 KMC

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

685 - 126-036-462

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. DE48-0950
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Onida (b) City Preston
   (c) Street Address or R.F.D. No. R. F. D. 1 Preston
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 18 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Onida
   (c) City Preston
   (d) Street Address or R.F.D. No. 1
   (e) How long has **MOTHER** lived in Idaho? 18 yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** James Melvin Wheeler

5. Date of Birth of Child (Month, day, year) Feb. 26, 1896

6. Sex male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** George Washington Wheeler
11. Color or Race white
12. Age at time of THIS birth 37 yrs.
13. Birthplace Stewartville (City or town) Virgina (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Narcissus Hanna Dobbs
17. Color or Race white
18. Age at time of THIS birth 30 yrs.
19. Birthplace Shawneetown (City or town) Illinois (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

AFFIDAVIT

State of Utah
County of Cache } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Aunt (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 76 years of age, that I have known this person for 52 years, and that Mrs. John (First name) Swann (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Helenor Dobbs Signature

525 No. 2nd West Logan, Utah P. O. Address

Subscribed and sworn to before me this 16th day of November, 1948

(SEAL) [signature], Notary Public, residing at Logan, Utah

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Nov 23, 1948 by W. W. Burgess, Registrar
by Mabel Hansen

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FILE # FROM 950 TO DE48-0950 1/22/13 KMC

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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NOV 19 1948
DIVISION OF VITAL STATISTICS

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. DE48-0951
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Canyon (b) City Boise City
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: at Two Low Ranch House
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Canyon
   (c) City Boise
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 33 yrs.

3. **RESIDENCE OF FATHER** (city, state) Canyon Co

4. **FULL NAME OF CHILD** Charles Alfred Bannister

5. Date of Birth of Child (Month, day, year) July 6th 194

6. Sex Male

7. Twin or Triplet Single If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9mos 9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** William Henry Bannister
11. Color or Race White
12. Age at time of THIS birth yrs.
13. Birthplace Lincon (City or town) Illinois (State or foreign country) USA
14. Exact Occupation Farming
15. Industry or Business Farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Lizzie Ellen Lon
17. Color or Race White
18. Age at time of THIS birth 18 yrs.
19. Birthplace White Rock (City or town) Kansas (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business Farming

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

State of British Columbia
County of Prince Rupert } ss.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 71 years of age, that I have known this person for 52 years, and that Mrs Stat (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this Ninth day of November 1948.

(SEAL)

Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Nov 23, 1948 by W. W. Brewer, Registrar

FILE # FROM 951 TO DE48-0951 1/22/13 KMC

NOV 23 1948

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

238 - 217
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RECEIVED
DEC 1 1948
DIVISION OF VITAL STATISTICS

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. DE48-1002
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bonner (b) City Kootenai
   (c) Street Address or R.F.D. No. Gen. Delivery
   (d) Name of Hospital or Maternity Home: Born at Residence
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 4 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bonner
   (c) City Kootenai
   (d) Street Address or R.F.D. No. Gen. Delivery
   (e) How long has **MOTHER** lived in Idaho? 4 yrs.

3. **RESIDENCE OF FATHER** (city, state) Kootenai Idaho

4. **FULL NAME OF CHILD** Emma Raemie Schultz

5. Date of Birth of Child (Month, day, year) May 17, 1896

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Fred William Schultz
11. Color or Race White
12. Age at time of THIS birth 41 yrs.
13. Birthplace Stockholm (City or town) Sweden (State or foreign country)
14. Exact Occupation Miner and Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Johanna Jaderquist
17. Color or Race White
18. Age at time of THIS birth 39 yrs.
19. Birthplace Stockholm (City or town) Sweden (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name) who is related as ____ (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

AFFIDAVIT

State of Washington } ss.
County of Pierce }

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 54 years of age, that I have known this person for 54 years, and that midwife Mrs. Layuckert (First name) (Last name), who attended this birth can't be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ruth A. Schultz Signature

P.O. Box 345, Puyallup, Wash. P. O. Address

Subscribed and sworn to before me this 4th day of December, 1948.

(SEAL) Geo. R. Edgerton, Notary Public, residing at Puyallup, Wash.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Dec 10, 1948 by W. M. Benson, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 10 1948

FILE # FROM 1002 TO DE48-1002 1/24/13 KMC

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

194-215 RECEIVED
097-133 JAN 1

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce
Bureau of the Census

DIVISION OF VITAL STATISTICS

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No DE49-1074
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Blaine (b) City Bellevue
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 15 years 4 months 2 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Blaine
   (c) City Bellevue
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 15 yrs.

3. **RESIDENCE OF FATHER** (city, state) Same

4. **FULL NAME OF CHILD** Charlette Geneva ArmsTrong

5. Date of Birth of Child (Month, day, year) 10-15-1896

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? YES

FATHER OF CHILD

10. **FULL NAME** Henry ArmsTrong
11. Color or Race White
12. Age at time of THIS birth 55 yrs.
13. Birthplace Buffalo (City or town) New York. (State or foreign country)
14. Exact Occupation Miner
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Charlotte Allred
17. Color or Race White
18. Age at time of THIS birth 29 yrs.
19. Birthplace Gunnison (City or town) Utah. (State or foreign country)
20. Exact Occupation House wife.
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

State of Oregon } ss.
County of Multnomah }

I, the undersigned, being first duly sworn, say that I am the Sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 62 years of age, that I have known this person for 52 years, and that Dr. John Marshall (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Daisy Eleanor Paulsen Signature
232 N.E. 76th Portland Ore. P. O. Address

Subscribed and sworn to before me this 6th day of January, 1949.

(SEAL)

Merrill H. Coffyn, Notary Public, residing at Portland, Ore.
7696 NE Ellison

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

NOTARY PUBLIC FOR OREGON
My Commission Expires April 1, 1951

Received for filing on Jan 11, 1949 by W L Benson Registrar

JAN 11 1949

FILE # FROM 1074 TO DE49-1074 2/1/13 KMC

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

315-218-029 666

RECEIVED MAR 7 19[illegible] DIVISION OF VITAL STATISTICS

United States Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. BE49-1226
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County LATAH (b) City TROY
   (c) Street Address or R.F.D. No. —
   (d) Name of Hospital or Maternity Home: BORN AT HOME
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State IDAHO (b) County LATAH
   (c) City TROY
   (d) Street Address or R.F.D. No. —
   (e) How long has **MOTHER** lived in Idaho? NINE yrs.

3. **RESIDENCE OF FATHER** (city, state) TROY, IDAHO

4. **FULL NAME OF CHILD** MYRTLE ELLEN LANGDON

5. Date of Birth of Child (Month, day, year) OCT-18-1896

6. Sex FEMALE

7. Twin or Triplet No If so—born 1st, 2nd, 3rd —

8. No. months of Pregnancy NINE

9. Legitimate? YES

FATHER OF CHILD

10. **FULL NAME** ALBERT (NONE) LANGDON
11. Color or Race WHITE
12. Age at time of THIS birth 31 yrs.
13. Birthplace ILLINOIS (City or town) (State or foreign country)
14. Exact Occupation FARMER
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** MARY INDIA FOWLER
17. Color or Race WHITE
18. Age at time of THIS birth 24 yrs.
19. Birthplace PUTNAM COUNTY MISSOURI (City or town) (State or foreign country)
20. Exact Occupation HOUSEWIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child TWO (b) Born alive and now living TWO

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of IDAHO
County of NEZ PERCE } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the MOTHER (Mother, etc.) of the person whose name appears in Item 4, above, that I am now SEVENTY SIX years of age, that I have known this person for FIFTY TWO years, and that ELIZA (First name) CALDWELL (Last name), who attended this birth, IS NOW DECEASED (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary Ellen Fowler Langdon Signature

1031 IDAHO STREET, LEWISTON, IDAHO P. O. Address

Subscribed and sworn to before me this 28th day of FEBRUARY, 1949

(SEAL) [signature] Notary Public residing at LEWISTON IDA

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on March 8, 1949 by W. A. Benson Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FILE # FROM 1226 TO DE49-1226 8/26/13 KMC

MAR 8 1949

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

993-214-039-264

RECEIVED
MAR 16 19[illegible]
BUREAU OF VITAL

United States Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. DE49-1254
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Latah (b) City Genesee
   (c) Street Address or R.F.D. No. R.F.D.
   (d) Name of Hospital or Maternity Home: Born at home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 11 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State (b) County Latah
   (c) City Genesee
   (d) Street Address or R.F.D. No. R.F.D.
   (e) How long has **MOTHER** lived in Idaho? 20 yrs.

3. **RESIDENCE OF FATHER** (city, state) Genesee, Ida.

4. **FULL NAME OF CHILD** Lucy, Richardson

5. Date of Birth of Child (Month, day, year) Dec. 14 - 1946

6. Sex Female

7. Twin or Triplet no If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Richard-Franklin Richardson
11. Color or Race white
12. Age at time of THIS birth 37 yrs.
13. Birthplace ~~Camden, New Jersey~~ Boston, Mass. (City or town) (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Lucy Ann Southard
17. Color or Race white
18. Age at time of THIS birth 27 yrs.
19. Birthplace Winslow, Maine (City or town) (State or foreign country)
20. Exact Occupation house wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

AFFIDAVIT

State of Washington } ss.
County of Spokane }

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 57 years of age, that I have known this person for 52 years, and that Dr. Conant Sr. (First name) (Last name), who attended this birth, is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Cornelia McKeown Signature
206 W. 5th P. O. Address

Subscribed and sworn to before me this 11th day of March, 1949.

(SEAL) Anne King, Notary Public, residing at Spokane, Wn.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on March 16, 1949 by W L Benson, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FILE # FROM 1254 TO DE49-1254 11/6/2013-LLE

MAR 16 1949

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

236-122-029-291

RECEIVED
APR 20 1949
DIVISION OF VITAL STATISTICS

United States Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE49-1360
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (Usual residence of mother if institution at time of this birth)
   (a) County Latah (b) City Viola
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: On farm
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 14 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Latah
   (c) City Viola
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 14 yrs.

3. **RESIDENCE OF FATHER** (city, state) Viola, Idaho

4. **FULL NAME OF CHILD** Albert Washington Stoecker

5. Date of Birth of Child (Month, day, year) January 29, 1896

6. Sex

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** John Bernard Stoecker
11. Color or Race White
12. Age at time of THIS birth 50 yrs.
13. Birthplace Frankfort (City or town) Germany (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Lena Bradakeye
17. Color or Race White
18. Age at time of THIS birth 37 yrs.
19. Birthplace Berlin (City or town) Germany (State or foreign country)
20. Exact Occupation Home wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Unknown
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name) who is related as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife Address ____ Date

AFFIDAVIT

State of Washington } ss.
County of Whitman }

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the foster sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 63 years of age, that I have known this person for 53 years, and that Dr. Robert (First name) Williams (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Maggie C. Curtis Signature
Rockerdale, Washington P. O. Address

Subscribed and sworn to before me this 18th day of April 1949

(SEAL) ____, Notary Public, residing at Garfield

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on April 21, 1949 by W. L. Benson, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FILE # FROM 1360 TO DE49-1360 11/8/2013-LLE

APR 21 1949
JAN 5 1960

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



643-230
004-468

RECEIVED
MAY 18 1949
DIVISION OF VITAL STATISTICS

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. DE49-1466
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bear Lake (b) City Montpelier,
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: At home.
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho, (b) County Bear Lake
   (c) City Montpelier,
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 10 yrs.

3. **RESIDENCE OF FATHER** (city, state) Montpelier, Idaho

4. **FULL NAME OF CHILD** Mary Marguerite Fuller,

5. Date of Birth of Child (Month, day, year) 8/30/1996

6. Sex female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes.

FATHER OF CHILD

10. **FULL NAME** Joseph Fuller,
11. Color or Race white
12. Age at time of THIS birth 30 yrs.
13. Birthplace Oil City, Penn. (City or town) (State or foreign country)
14. Exact Occupation Barber.
15. Industry or Business None other.

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Nellie E. Doyle
17. Color or Race white
18. Age at time of THIS birth 20 yrs.
19. Birthplace Quincy, Illinois. (City or town) (State or foreign country)
20. Exact Occupation Housewife,
21. Industry or Business None other.

22. Name prophylactic used to prevent Ophthalmia Neonatorum None used.
23. Number of children of this mother: (a) At time of birth and including this child 3. (b) Born alive and now living 3.

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

State of Idaho, County of Bear Lake } ss.

I, the undersigned, being first duly sworn, say that I am the close friend (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 76 years of age, that I have known this person for all her life years, and that Dr. C. A. Hoover (First name) (Last name), who attended this birth is now deceased. (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws. I saw this child the day she was born.

Josephine Driver — Signature

Montpelier, Idaho. — P. O. Address

Subscribed and sworn to before me this 23th day of May, 1949

(SEAL) Chas C Davis, Notary Public, residing at Montpelier, Idaho.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on May 19, 1949 by W W Benson, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FILE # FROM 1466 TO DE49-1466 11/12/2013-LLE

MAY 19 1949

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

413-21-001-533

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce
Bureau of the Census

MAY 24 1949

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE49-1477
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Ada (b) City
   (c) Street Address or R.F.D. No. Rural near Meridian
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 9 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Ada
   (c) City Rural near Meridian
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 9 yrs.

3. **RESIDENCE OF FATHER** (city, state) Meridian, Idaho

4. **FULL NAME OF CHILD** Rebecca Alberta Daly

5. Date of Birth of Child (Month, day, year) January 11 1896

6. Sex female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Joseph D. Daly
11. Color or Race white
12. Age at time of THIS birth 45 yrs.
13. Birthplace Putman Co., Mo (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Rebecca Ellis
17. Color or Race white
18. Age at time of THIS birth 44 yrs.
19. Birthplace Putman Co., Mo (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 10 (b) Born alive and now living 10

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name) who is related as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife ..... Address ..... Date .....

AFFIDAVIT

State of Idaho
County of Ada } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 67 years of age, that I have known this person for 53 years, and that Dr. Compton (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Alice Taylor
Signature

Meridian, Idaho
P. O. Address

Subscribed and sworn to before me this 23rd day of May, 1949

(SEAL) O M Kang, Notary Public, residing at Meridian

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on May 24, 1949 by W. W. Benson, Registrar

1 copy pd

FILE # FROM 1477 TO DE49-1477 11/12/2013-LLE

MAY 24 1949

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

165- 222-022-257

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. DE49-1742
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Fremont (b) City Rexburg
   (c) Street Address or R.F.D. No. 3
   (d) Name of Hospital or Maternity Home: Home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Fremont
   (c) City Rexburg
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 30 yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Alice Edna Jones

5. Date of Birth of Child (Month, day, year) Sept 22 1896

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Charles Jefferson Jones
11. Color or Race White
12. Age at time of THIS birth 33 yrs.
13. Birthplace Dorben (City or town) Utah (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Charlattie Keppner
17. Color or Race White
18. Age at time of THIS birth 24 yrs.
19. Birthplace Logan (City or town) Utah (State or foreign country)
20. Exact Occupation Home Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

AFFIDAVIT

State of Idaho } ss.
County of Ada }

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the half-Sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 60 years of age, that I have known this person for 52 years, and that Mrs. (First name) Wallace (Last name), who attended this birth is deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Evangeline L. DeFehr Signature
4038 N E Rodney Cor. P. O. Address
Portland 12 Oregon

Subscribed and sworn to before me this 15 day of Sept., 19 49.

(SEAL) Mabel Fields, Notary Public, residing at
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on 9-15-49 by W. W. Benson, Registrar

FILE # FROM 1742 TO DE49-1742 11/20/2013-LLE

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

366 - 210 - 016 - 132

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. DE49-1756

Local Reg. No.

Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Cassia (b) City Albion
(c) Street Address or R.F.D. No. Box 14
(d) Name of Hospital or Maternity Home: Residence of parents
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
In **THIS** county 21 years month days.

2. **USUAL RESIDENCE of MOTHER:** (At time of this birth)
(a) State Idaho (b) County Cassia
(c) City Albion
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 21 yrs.
(f) Mother's mailing address

3. **RESIDENCE of FATHER** (city, state) Albion, Ida.

4. **FULL NAME OF CHILD** Violet Irene Cook

5. Date of Birth (Month, day, year) 10/10/1896

6. Sex Female

7. ~~Twin or~~ Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Joseph Cook
11. Color or Race White
12. Age at time of THIS birth 27 yrs.
13. Birthplace E. T. (City or town) Utah (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Edna Albertson
17. Color or Race white
18. Age at time of THIS birth 21 yrs.
19. Birthplace E. T. (City or town) Utah (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) Aug 16, 1949 (Date received) (b) W. W. Barnes (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of Idaho
County of Cassia } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Cyrus Albertson, being first duly sworn, say that I am Related (Related to (or) acquainted with) Violet Irene Cook (Name of person on certificate above) as she is my niece (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. R. T. Story (Name of attendant at birth), who attended said birth is deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Cyrus Albertson Signature

Albion, Idaho P.O. Address

Subscribed and sworn to before me on this 4 th day of August, 19 49

(SEAL) A. B. Agard Notary Public, residing at Albion, Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FILE # FROM 1756 TO DE49-1756 11/21/2013-LLE

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

AUG 16 1949

249-108-001-671

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. DB49-1769
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County ADA (b) City BOISE
   (c) Street Address or R.F.D. No. BANNOCK ST
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State IDAHO (b) County ADA
   (c) City BOISE
   (d) Street Address or R.F.D. No. BANNOCK ST
   (e) How long has **MOTHER** lived in Idaho? 2 yrs.

3. **RESIDENCE OF FATHER** (city, state) BOISE, IDAHO

4. **FULL NAME OF CHILD** MARTIN O'GARA KURTZ

5. Date of Birth of Child (Month, day, year) DEC. 8, 1896

6. Sex MALE

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** CHARLES KURTZ
11. Color or Race WHITE
12. Age at time of THIS birth 32 yrs.
13. Birthplace NAUVOO (City or town) ILLINOIS (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** CORA ELLEN O'GARA
17. Color or Race WHITE
18. Age at time of THIS birth 26 yrs.
19. Birthplace BEVERLY (ADAMS COUNTY) ILL. (City or town) (State or foreign country)
20. Exact Occupation HOUSEWIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living Yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. / Midwife — Address — Date

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

State of Idaho
County of Ada } ss.

I, the undersigned, being first duly sworn, say that I am the AUNT (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 84 years of age, that I have known this person for 52 years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Eva L Carlater, Signature

P.O. Box 124 - PARMA, IDAHO P. O. Address

Subscribed and sworn to before me this 22 day of August, 1949.

(SEAL)

Notary Public, residing at Boise, Ida.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Aug 23, 1949 by W. H. Benson, Registrar

FILE # FROM 1769 TO DE49-1769 11/21/2013-LLE

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



AUG 23 1949

364-105-016-855

RECEIVED
AUG 29 1949

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce, Bureau of the Census — (Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE49-1791
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Cassia (b) City Basin
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 9 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Cassia
   (c) City Basin
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 33 yrs.

3. **RESIDENCE OF FATHER** (city, state) Same

4. **FULL NAME OF CHILD** Lawrence Todd

5. Date of Birth of Child (Month, day, year) Sept., 5, 1896

6. Sex male

7. Twin or Triplet no — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** William Todd
11. Color or Race white
12. Age at time of THIS birth 39 yrs.
13. Birthplace West Mercy, England (City or town) (State or foreign country)
14. Exact Occupation Rancher
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Julia Ann Henderson
17. Color or Race white
18. Age at time of THIS birth 30 yrs.
19. Birthplace Oxford, Idaho (City or town) (State or foreign country)
20. Exact Occupation housewife,
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. / Midwife — Address — Date

AFFIDAVIT

State of Wyoming } ss.
County of Park }

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 60 years of age, that I have known this person for 52 years, and that Julia A. Henderson, (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Martha E. Fuqua Signature

Meeteetse, Wyo P. O. Address

Subscribed and sworn to before me this 25th day of August, 1949.

(SEAL) Wayne C. [illegible], Notary Public, residing at Meeteetse Wyo

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Aug 29, 1949 by W W Barzee, Registrar

FILE # FROM 1791 TO DE49-1791 11/21/2013-LLE

AUG 29 1949

FEB 7 - 1950

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

391 - 111 - 025 - 993

RECEIVED
SEP 14 1949
DIVISION OF VITAL

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce, Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. DE49-1858
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Idaho (b) City Westlake
   (c) Street Address or R.F.D. No. - -
   (d) Name of Hospital or Maternity Home: None
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 7 years - months 10 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Idaho
   (c) City Westlake
   (d) Street Address or R.F.D. No. - -
   (e) How long has **MOTHER** lived in Idaho? 13 yrs.

3. **RESIDENCE OF FATHER** (city, state) Westlake, Ida.

4. **FULL NAME OF CHILD** Joseph Ledom Craig

5. Date of Birth of Child (Month, day, year) June 11, 1896

6. Sex Male

7. Twin or Triplet No

If so—born 1st, 2nd, 3rd - -

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Stonewall Jackson Craig
11. Color or Race White
12. Age at time of THIS birth 32 yrs.
13. Birthplace Auxvasse, Missouri (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Agriculture

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Maud Westlake Rice
17. Color or Race White
18. Age at time of THIS birth 23 yrs.
19. Birthplace Brooklyn, New York (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Domestic

22. Name prophylactic used to prevent Ophthalmia Neonatorum None
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name) who is related as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

AFFIDAVIT

State of Idaho
County of Nez Perce } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 76 years of age, that I have known this person for 53 years, and that Mrs. Alice Dixon (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Maud W. Craig Signature

740 12th St. Clarkston, Wash. P. O. Address

Subscribed and sworn to before me this 10th day of September, 1949.

(SEAL)

H. F. Hamm, Notary Public, residing at Lewiston

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on 9-14-49 by W. L. Benson, Registrar

FILE # FROM 1858 TO DE49-1858 11/25/2013-LLE

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

783-22 RECEIVED
SEP 19 1949
DIVISION OF VITAL

United States Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE49-1867
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bonner (b) City Hope
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bonner
   (c) City Hope
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? yrs.

3. **RESIDENCE OF FATHER** (city, state) Hope, Idaho

4. **FULL NAME OF CHILD** Pauline Marrietta Pilling

5. Date of Birth of Child (Month, day, year) 7/24/1896

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Wilburt James Pilling
11. Color or Race White
12. Age at time of THIS birth 48 yrs.
13. Birthplace Kilborn City, (City or town) Wisconsin (State or foreign country)
14. Exact Occupation Yard Master
15. Industry or Business Yard Master, N.P.Railroad

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Cora May Hunt
17. Color or Race White
18. Age at time of THIS birth 36 yrs.
19. Birthplace Genoa, (City or town) Minnesota (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child seven (b) Born alive and now living four

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature Dr. Loop M.D. Midwife Address Hope, Idaho Date

State of Washington } ss.
County of Spokane }

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 58 years of age, that I have known this person for 46 years, and that Dr. Loop (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Alice I Kelly Signature

Spokane, Washington 320 S. Brown Address

Subscribed and sworn to before me this 16th day of September, 1949.

(SEAL) Annabelle U. Dodd, Notary Public, residing at Tacoma, Pierce County, Washington.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Sept 19, 1949 by W W Denoon, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FILE # FROM 1867 TO DE49-1867 11/25/2013-LLE

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DEPARTMENT

553-207-029-55-3

RECEIVED

NOV 2 1949

DIVISION OF VITAL STATISTICS

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. DE49-1992
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Latah (b) City Moscow
   (c) Street Address or R.F.D. No. None
   (d) Name of Hospital or Maternity Home: Born at our home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 4 years 7 months 23 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Latah
   (c) City Moscow
   (d) Street Address or R.F.D. No. None
   (e) How long has **MOTHER** lived in Idaho? All 23 yrs.

3. **RESIDENCE OF FATHER** (city, state) Moscow Idaho

4. **FULL NAME OF CHILD** Flora Ellen Nelson

5. Date of Birth of Child (Month, day, year) Sept 7th 1896

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes.

FATHER OF CHILD

10. **FULL NAME** Thomas Hoaves Nelson
11. Color or Race White
12. Age at time of THIS birth 23 yrs.
13. Birthplace Blowing Rock (City or town) North Carolina (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Margaret Ellen Nelson
17. Color or Race White
18. Age at time of THIS birth 23 yrs.
19. Birthplace Carsville (City or town) Missouri (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None
23. Number of children of this mother: (a) At time of birth and including this child One (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name) who is related as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

AFFIDAVIT

State of Washington
County of Benton } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 76 years of age, that I have known this person for ____ years, and that ____ (First name) ____ (Last name), who attended this birth ____ (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Thomas Hoaves Nelson Signature

Benton City, Wash. P. O. Address

Subscribed and sworn to before me this 29 day of October, 1949.

(SEAL) Owen McLennan Notary Public, residing at Benton city, Wash.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Nov 1, 1949 by W. W. Benson, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FILE # FROM 1992A TO DE49-1992 12/2/2013-LLE

NOV 2 1949

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

619 - 207-014-235

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. DE49-2041
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Canyon (b) City Caldwell
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: Home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 19 years 7 months 16 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Canyon
   (c) City Caldwell
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 71 yrs.

3. **RESIDENCE OF FATHER** (city, state) Caldwell Ida.

4. **FULL NAME OF CHILD** Lottie Ethel Warnke

5. Date of Birth of Child (Month, day, year) Oct. 7 1896

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Edwards E. Warnke
11. Color or Race White
12. Age at time of THIS birth 71 yrs.
13. Birthplace Goodlandville (City or town) Indiana (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Anna Hester Blessinger
17. Color or Race White
18. Age at time of THIS birth 18 yrs.
19. Birthplace Boise (City or town) Idaho (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Farming

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

AFFIDAVIT

State of Idaho
County of Ada } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 71 years of age, that I have known this person for 53 years, and that Dr Hall (First name) (Last name), who attended this birth Is now Deceased (Is now deceased) or (Cannot be located) further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Anna H Warnke Signature

R-9 Boise Idaho P. O. Address

Subscribed and sworn to before me this 18th day of November 1949.

(SEAL) Mabel Greer, Notary Public, residing at Boise Ida.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Nov 18 1949 by W. W. Benson, Registrar

FILE # FROM 2041 TO DE49-2041 12/5/2013-LLE

NOV 18

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

859-222-028-249

RECEIVED
NOV 23 1949
DIVISION OF VITAL STATISTICS

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. DE49-2062
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Kootenai (b) City Rathdrum
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 13 years 4 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Kootenai
   (c) City Rathdrum
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 13 yrs.

3. **RESIDENCE OF FATHER** (city, state) Rathdrum Ida

4. **FULL NAME OF CHILD** Marjorie McCrary Heitman

5. Date of Birth of Child (Month, day, year) Sept. 22, 1896

6. Sex F

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Charles Lee Heitman
11. Color or Race W
12. Age at time of THIS birth 39 yrs.
13. Birthplace N. Carolina (City or town) (State or foreign country)
14. Exact Occupation Attorney at Law
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Stella Eva Smith
17. Color or Race W
18. Age at time of THIS birth 20 yrs.
19. Birthplace Cheyenne (City or town) Wyoming (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business Own Home

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2. (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. / Midwife — Address — Date

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

State of Wash
County of Spokane } ss.

I, the undersigned, being first duly sworn, say that I am the Aunt (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 71 years of age, that I have known this person for 53 years, and that Mrs. Flora Melder (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Addie Allbaugh Signature
W. 709 Summer S Pollane P. O. Address

Subscribed and sworn to before me this 23 day of November, 19 49

(SEAL) Effie K. Abson, Notary Public, residing at Spokane

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Nov. 23, 1949 by W. W. Benson, Registrar

FILE # FROM 2062 TO DE49-2062 12/6/2013-LLE

NOV 2 7 19

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

SEP 5 1951

318-222-036-28/

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De50-128
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Gladys Irene Taylor		2. Date Of Birth (month) April (day) 22 (year) 1896
	3. Color or Race: White	4. Sex: female	5. Place of Birth a. County: Oneida
			b. City or Town of Birth: Malad City
FATHER	6. Full Name of Father: Thomas Jefferson Taylor		7. State or Country of Father's Birth: Idaho
MOTHER	8. Full Maiden Name of Mother: Elizabeth Ann Shaw		9. State or Country of Mother's Birth: Illinois
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Gladys Irene Taylor	11. Present Address of Registrant: Boise, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: June 8, 1950	12. Signature of Notary: Mabel F. Felder	13. Notary Commission expires: May 7, 1952

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Family Bible Record	By whom issued and signed: Entry made by father	Date Issued: Apr. 22, 1896	Date Orig. Entry
Class* A	Date of Birth: April 22, 1896 / Birth Place: Malad, Idaho	Full Name of Mother: Elizabeth Ann Shaw	Name of Father: Thomas Jefferson Taylor	
SUPPORTING RECORD 2.	Type of Document: Child's birth certificate	By whom issued and signed: Bureau of Vital Statistics Salt Lake, Utah	Date Issued: 2-3-41	Date Orig. Entry: 6-19-11
Class B	Date of Birth / Birth Place: Malad, Idaho	Full Name of Mother	Name of Father	
SUPPORTING RECORD 3.	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Class	Date of Birth / Birth Place	Full Name of Mother	Name of Father	

QUALIFYING INFORMATION

Affidavit by Grace A. Munn, sister, showing the date of birth as Apr. 22, 1896, at Malad, Idaho.

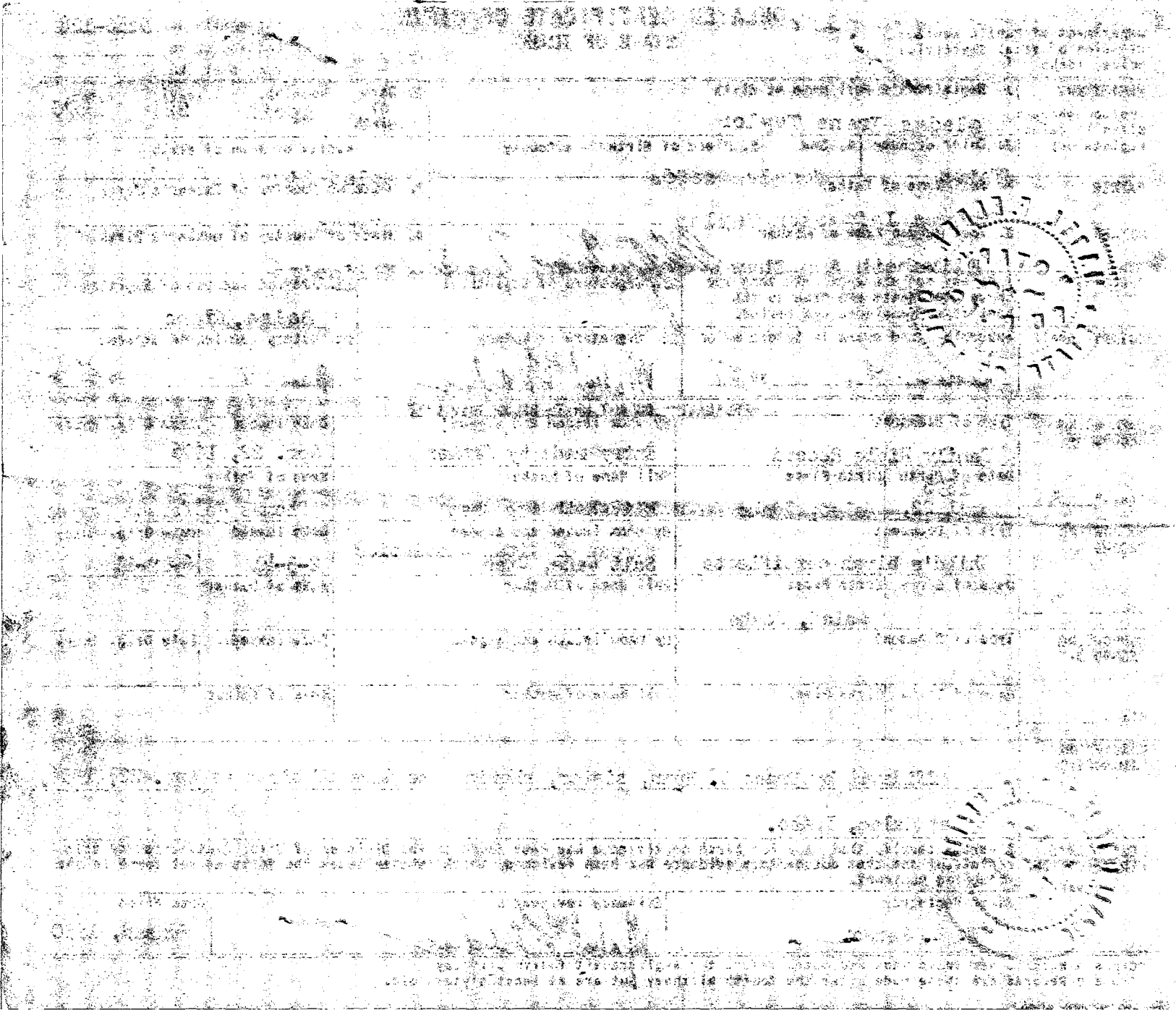
REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Mabel F. Felder	June 8, 1950

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Oneida (b) City Malad City
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 5 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Oneida
   (c) City Malad City
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 15 yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Gladys Irene Taylor

5. Date of Birth of Child (Month, day, year) Apr. 22, 1896

6. Sex female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Thomas Jefferson Taylor
11. Color or Race white
12. Age at time of THIS birth 31 yrs.
13. Birthplace Carson City, Nev. (City or town) (State or foreign country)
14. Exact Occupation Painting Contractor
15. Industry or Business Painting & Paper-hanging

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Elizabeth Ann Shaw
17. Color or Race white
18. Age at time of THIS birth 49 yrs.
19. Birthplace Mt. Morris, Ill. (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 7. (b) Born alive and now living 1.

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. / Midwife — Address — Date

AFFIDAVIT

State of Idaho
County of Bannock } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 61 years of age, that I have known this person for 53 years, and that Rachael (First name) Williams (Last name), who attended this birth Is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Grace A Munns Signature

Pocatello, Ida, Rte-1 P. O. Address

Subscribed and sworn to before me this 29th day of May 1950

(SEAL)

Harold J Read Notary Public, residing at Pocatello Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on by , Registrar

JUN 6 1960

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

469-130-023-389

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De50-297
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Bryan Dubois Morton
2. Date Of Birth (month) (day) (year): October - 30 - 1896
3. Color or Race: White
4. Sex: MALE
5. Place of Birth a. County: Emmett
b. City or Town of Birth: Emmett

FATHER

6. Full Name of Father: Edward Eugene Morton
7. State or Country of Father's Birth: New Jersey

MOTHER

8. Full Maiden Name of Mother: Sarah Susan Thimblebee
9. State or Country of Mother's Birth: Utah

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Bryan Dubois Morton
11. Present Address of Registrant: 2715 Wordlaw Ave Boise Idaho

NOTARY (Seal)

Subscribed and sworn to before me on August 18, 1950.

12. Signature of Notary: Anton Gordon
13. Notary Commission expires: Aril 19, 1951.

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Insurance Policy	Home Benefit Assoc.	Aug. 1941	Aug. 1941
Class* B	Date of Birth: Oct. 30, Birth Place: 1896, Idaho	Full Name of Mother	Name of Father	
SUPPORTING RECORD 2.	Census Record	Department of Commerce Bureau of the Census	1900 Census	
Class B	Date of Birth: Oct. 1896 Birth Place: Idaho	Full Name of Mother	Name of Father	
SUPPORTING RECORD 3.	Drivers License	State of Idaho	10-27-49	
Class B	Date of Birth: Oct. 30, Birth Place: 1896, Idaho	Full Name of Mother	Name of Father	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Mabel F. Gelson	Sept. 28, 1950

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

SEP 29 1950

235-124-025-433

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De51-456
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Edgar Bertram Stevens
2. Date Of Birth (month) (day) (year): February 24, 1896
3. Color or Race: White
4. Sex: Male
5. Place of Birth — a. County: Idaho
   b. City or Town of Birth: Denver, Idaho

FATHER

6. Full Name of Father: Eugene Wingate Stevens
7. State or Country of Father's Birth: Minnesota

MOTHER

8. Full Maiden Name of Mother: Ethel Jessie McClarty
9. State or Country of Mother's Birth: Canada

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Edgar Bertram Stevens
11. Present Address of Registrant: Reedsport, Oregon

NOTARY (Seal)

Subscribed and sworn to before me on: January 12, 1951
12. Signature of Notary:
13. Notary Commission expires: July 29, 1951

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Child's birth certificate	State of Washington		7-23-23

Class* B

Date of Birth	Birth Place	Full Name of Mother	Name of Father
27 yrs old	Idaho		

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Insurance Policy	New York Life	2-21-20	2-21-20

Class B

Date of Birth	Birth Place	Full Name of Mother	Name of Father
2-24-1896	Denver, Idaho		

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Discharge Certificate	United States Marine Corps	3-26-28	3-26-28

Class B

Date of Birth	Birth Place	Full Name of Mother	Name of Father
2-24-1896	Denver, Idaho		

QUALIFYING INFORMATION

Marriage return also submitted showing the place of birth as Denver, Idaho, Feb. 24, 1896

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Mabel H. Gelser	1-18-51

* A Records are those made and dated before the Registrant's fourth birthday.
[illegible] the fourth birthday but are at least 5 years old.

JAN 18 1951

213-112-022-897

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De51-520
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Frederick James Ball
2. Date Of Birth (month) Sept. (day) 12 (year) 1896
3. Color or Race: White
4. Sex: Male
5. Place of Birth a. County: Arange, Now Trude, Idaho
b. City or Town of Birth:

FATHER

6. Full Name of Father: James Ball
7. State or Country of Father's Birth: Bulsdon, England

MOTHER

8. Full Maiden Name of Mother: Harriet Malinda Higley
9. State or Country of Mother's Birth: Erda, Toole, Utah

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Fredrick James Ball
11. Present Address of Registrant: Rexburg, Idaho. Gen Del

NOTARY (Seal)

Subscribed and sworn to before me on the 12th Feb. 1951

12. Signature of Notary: W. W. Smith Notary Public
13. Notary Commission expires: _____ 19____

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Class*_____

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Certoificate of Ordination	L.D S. Salem Ward	1-17-1915	same

Date of Birth	Birth Place	Full Name of Mother	Name of Father
12 Sept. 1896	Arange, Idaho		

SUPPORTING RECORD 2.

Class_____

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Certificate of Ordination	Salem Ward, Fremont Stake	Jan. 22, 1912	

Date of Birth	Birth Place	Full Name of Mother	Name of Father
12 Sep. 1896	Arange, Fremont Co. Idaho	Malinda Harriet Higley	James Ball

SUPPORTING RECORD 3.

Class_____

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry

Date of Birth	Birth Place	Full Name of Mother	Name of Father

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Mabel Heeler	2-13-51

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

FEB 14 1951

265-113-001-295

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De51-525
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: William Alfred Koelsch
2. Date of Birth (month) July (day) 13 (year) 1896
3. Color or Race: White
4. Sex: Male
5. Place of Birth — a. County: Ada
   b. City or Town of Birth: Boise Idaho

FATHER

6. Full Name of Father: John Franklin Koelsch
7. State or Country of Father's Birth: Wisconsin

MOTHER

8. Full Maiden Name of Mother: Mary Ann Bresnahan
9. State or Country of Mother's Birth: Minnesota

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: William A Koelsch
11. Present Address of Registrant: 3216 Crescon Rim Dr. Boise Idaho.

NOTARY (Seal)

Subscribed and sworn to before me on February 15 1951

12. Signature of Notary: Kay Koelsch
13. Notary Commission expires: 19 Supreme Court of Idaho

APPLICANT — DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Church Record	St John's Cathedral	2-15-51	Aug. 23, 1896
Class* A	Date of Birth / Birth Place: July 13, 1896, Boise, Idaho	Full Name of Mother: Mary Ann Bresnahan	Name of Father: John Franklin Koelsch	
SUPPORTING RECORD 2.	School Record	Boise Public School	2-15-51	1914
Class B	Date of Birth / Birth Place: July 13, 1896, Boise, Idaho	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 3.	Type of Document:	By whom issued and signed:	Date Issued:	Date Orig. Entry:
Class	Date of Birth / Birth Place:	Full Name of Mother:	Name of Father:	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Mabel Keeler	2-15-51

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

FEB 16 1951

FEB 16 19

219-208
226-219

RECEIVED
MAR 3 - 1951
DIVISION OF VITAL STATISTICS

United States Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De51-582
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items must be filled in)
   (a) County
   (b) City Paola Island
   (c) Street Address or R.F.D. No. Changed to Lamont
   (d) Name of Hospital or Maternity Home: at Ranch Home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years about months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho Pocatello (b) County
   (c) City Paola Island - changed to Lamont
   (d) Street Address or R.F.D. No. Ranch Home
   (e) How long has **MOTHER** lived in Idaho? about 60 yrs.

3. **RESIDENCE OF FATHER** (city, state) Paola Island

4. **FULL NAME OF CHILD** Elva Barbour

5. Date of Birth of Child (Month, day, year) April 8, 1896

6. Sex female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Thomas Jefferson Barbour
11. Color or Race Indian & white
12. Age at time of THIS birth 25 yrs.
13. Birthplace Manti Utah (City or town) (State or foreign country)
14. Exact Occupation Laborer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Rachel Armida Barbour
17. Color or Race white
18. Age at time of THIS birth about 25 yrs.
19. Birthplace Cotton Wood Utah (City or town) (State or foreign country)
20. Exact Occupation Homemaker
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. / Midwife — Address — Date

State of Idaho
County of Bannock } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 78 years of age, that I have known this person for 54 years, and that Mrs. (First name) Loosly (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signed Rachel Armida Barbour X Mark

Route #1 - South Pocatello, Idaho P. O. Address

Subscribed and sworn to before me this 27th day of February, 19 51

(SEAL)

Irene R. Daniel, Notary Public, residing at Pocatello, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) My Com. Expires: Oct. 13, 1951

Received for filing on March 5, 1951 by W. W. Benson, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 6 1951

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 ~~Session Laws, has not been recorded, or in case of failure to report any birth~~ which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DELAYED

315-223-040-623

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De51-680
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Eunice Lena Lavalley.
2. Date of Birth (month) May (day) 23 (year) 1896
3. Color or Race: White
4. Sex: Female
5. Place of Birth: a. County Idaho Shoshone; b. City or Town of Birth Wardner

FATHER

6. Full Name of Father: John Elie Lavalley
7. State or Country of Father's Birth: Village Charlemine, Canada

MOTHER

8. Full Maiden Name of Mother: Lena J. Astry
9. State or Country of Mother's Birth: Cheyene, Wyoming.

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Eunice L. Riley
11. Present Address of Registrant: Project City, Calif. Box 4

NOTARY (Seal)

Subscribed and sworn to before me on March 29th 1951
12. Signature of Notary: Halle M. Patten
13. Notary Commission expires: Dec. 15th 1951

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Affidavit by father	John E. Lavalley	3-24-51	

Class* B

Date of Birth	Birth Place	Full Name of Mother	Name of Father
May 23, 1896	Wardner		John E. Lavalley

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Affidavit by Aunt	Anna Ostry Dralle	3-14-51	

Class B

Date of Birth	Birth Place	Full Name of Mother	Name of Father
May 23, 1896	Wardner, Idaho	Lena J. Ostry	John E. Lavalley

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry

Class

Date of Birth	Birth Place	Full Name of Mother	Name of Father

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Mabel H. Leeper	Apr. 3, 1951

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

2 cps. paid

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

APR 4 1961

815-223-028-212

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De51-711
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Lillian Marion Hanson
2. Date Of Birth (month) October (day) 23 (year) 1896
3. Color or Race: White
4. Sex: Female
5. Place of Birth a. County: Idaho b. City or Town of Birth: Kootenai Hope

FATHER

6. Full Name of Father: Charles C. Hanson
7. State or Country of Father's Birth: New York

MOTHER

8. Full Maiden Name of Mother: Ada Lynn Babcock
9. State or Country of Mother's Birth: Minnesota

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Mrs Lillian M. McLennan
11. Present Address of Registrant: 1011 H St. Centralia Wn

NOTARY (Seal)

Subscribed and sworn to before me on April 6 1951

12. Signature of Notary: [signature]
13. Notary Commission expires: April 7 1952

APPLICANT—DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date issued	Date Orig. Entry
SUPPORTING RECORD 1.	Affidavit by father	Charles C. Davis	Apr. 6, 1951	
Class* B	Date of Birth / Birth Place: Oct. 23, 1896, Hope, Idaho	Full Name of Mother	Name of Father: Charles C. Hanson	
SUPPORTING RECORD 2.	Type of Document	By whom issued and signed	Date issued	Date Orig. Entry
Class	Date of Birth / Birth Place	Full Name of Mother	Name of Father	
SUPPORTING RECORD 3.	Type of Document	By whom issued and signed	Date issued	Date Orig. Entry
Class	Date of Birth / Birth Place	Full Name of Mother	Name of Father	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Mabel Holden	Apr. 10, 1951

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067



State of Washington
SS
County of Lewis

Charles C. Hanson, being first duly sworn, deposes and says that he was born in New York State and is the father of Lillian Marion Hanson, whose name is now McLennen by marriage.

That his said daughter was born in Hope, Kootnai County, Idaho on October 23, 1896.

That her mother was Ada Lynn Babcock born in Minnesota.

That he is sure above date is correct as it is recorded in his family record book.

Charles C. Hanson
#485 Van Horn St.,
Penticton, B. C. Canada

Subscribed and sworn to before me this 6th day of April 1951.

John Comeau

APR 11

State of Maryland,)
County of Wicomico,) ss:

Charles C. Hanson, being first duly sworn, deposes and says that he was born in New York State and is the father of William Byron Hanson, whose name is now Melanson by marriage.

That his wife Sarah Gardner was born in Hope, Lincoln County, Idaho on October 25, 1850.

That her mother was Ada Lynn Babcock born in Minnesota.

That he is using above data as corrected as it is recorded in his family records.

Charles C. Hanson, Sr.
Fruitland, Md.

Subscribed and sworn to before me this 6th day of April 1953.

462-124-026-235

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. De51-810
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Pocatello Island (b) City Pocatello Island
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: At Home
   (e) Mothers stay **BEFORE** delivery: In THIS county 8 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bannock
   (c) City Pocatello
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 8 yrs.

3. **RESIDENCE OF FATHER** (city, state) Pocatello, Idaho

4. **FULL NAME OF CHILD** Irvin Elza Moss

5. Date of Birth of Child (Month, day, year) Dec. 24, 1896

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** David Arthur Moss
11. Color or Race White
12. Age at time of THIS birth 20 yrs.
13. Birthplace Big Cottonwood, Utah (City or town) (State or foreign country)
14. Exact Occupation Mason
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Catherine Amelia Steed
17. Color or Race White
18. Age at time of THIS birth 19 yrs.
19. Birthplace Kaysville, Utah (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum 2
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name) who is related as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife Address ____ Date ____

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

State of Idaho
County of Bannock } ss.

I, the undersigned, being first duly sworn, say that I am the aunt (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 80 years of age, that I have known this person for since birth years, and that Mrs. Loosley (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws. I was present at the time of this birth

X [signature] Signature

Route #1 South - Pocatello, Idaho P. O. Address

Subscribed and sworn to before me this 7th day of May, 1951.

(SEAL) [signature], Notary Public, residing at Pocatello, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) My Com. Exp. 10/13/51

Received for filing on May 9, 1951 by W. W. Benson, Registrar

MAY 10 1951

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DELAYED

815-202-003-155

Department of Public Health
Division of Vital Statistics
Boise, Idaho

RECEIVED MAY 18 1951 DIVISION OF VITAL STATISTICS

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De51-874
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Elma Patrina Hansen
2. Date Of Birth: April 2nd 1896
3. Color or Race: white
4. Sex: female
5. Place of Birth: a. County: Bannock; b. City or Town of Birth: Pocatello, Idaho

FATHER

6. Full Name of Father: Christian Peter Hansen
7. State or Country of Father's Birth: Denmark

MOTHER

8. Full Maiden Name of Mother: Christina Carolina Jensen
9. State or Country of Mother's Birth: Denmark

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Elma Patrina Hansen
11. Present Address of Registrant: 431 So. 9th

NOTARY (Seal)

Subscribed and sworn to before me on 17th day of May 1951

12. Signature of Notary: L. W. Rawson
13. Notary Commission expires: June 15, 1954

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date issued	Date Orig. Entry
Affidavit	Ruby Stratford Bagley		May 23, 1951

Class* B

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Apr. 2, 1896	Pocatello, Idaho		

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date issued	Date Orig. Entry
Affidavit	Luther M. Hawkes	May 23, 1951	

Class B

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Apr. 2, 1896	Pocatello, Idaho		

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date issued	Date Orig. Entry
Affidavit	Ejmar K. Jensen	May 23, 1951	

Class B

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Apr. 2, 1896	Pocatello, Idaho		

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Mabel Fields	May 29, 1951

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

MAY 11 1961

296-22-0146 19 RECEIVED

JUN 25 1951

DIVISION OF VITAL STATISTICS

De51- 1002

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 1002
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Canyon (b) City Middleton
   (c) Street Address or R.F.D. No. Rural
   (d) Name of Hospital or Maternity Home: Born at home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Canyon
   (c) City Middleton
   (d) Street Address or R.F.D. No. Rural
   (e) How long has **MOTHER** lived in Idaho? I yrs.

3. **RESIDENCE OF FATHER** (city, state) Middleton, Ida.

4. **FULL NAME OF CHILD** Myrtle Laird Brookshier

5. Date of Birth of Child (Month, day, year) Sept. 21, 1896

6. Sex female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** John Morgan Brookshier
11. Color or Race White
12. Age at time of THIS birth 36 yrs.
13. Birthplace Kingston (City or town) Missouri (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business none

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Marguerite Ward
17. Color or Race White
18. Age at time of THIS birth 24 yrs.
19. Birthplace Polo (City or town) Missouri (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business none

22. Name prophylactic used to prevent Ophthalmia Neonatorum none
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name) who is related as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife Address ____ Date ____

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

State of Idaho } ss.
County of Ada }

I, the undersigned, being first duly sworn, say that I am the Friend (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 67 years of age, that I have known this person for 54 years, and that Mary (First name) Myers (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Chester E Pollard Signature

P.O. Box 191, Star, Idaho P. O. Address

Subscribed and sworn to before me this 22 day of June, 1951

(SEAL) Hugh Bell, Notary Public, residing at Star, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) in Ada County

Received for filing on June 25, 1951 by W. W. Benson, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 26 1951

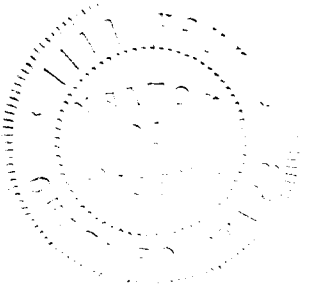
NOV 24 1952

JUN 2 1959

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



DELAYED

393-206-029-623

Department of Public Health
Division of Vital Statistics
Boise, Idaho

RECEIVED JUL 24 1951 DIVISION OF VITAL STATISTICS

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De51-1084
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Olga Elvida Liljegren
2. Date of Birth (month) August (day) 6, (year) 1896
3. Color or Race: White
4. Sex: Female
5. Place of Birth a. County: Latah County
b. City or Town of Birth: Route 2, Troy

FATHER

6. Full Name of Father: Aron Liljegren
7. State or Country of Father's Birth: Sweden

MOTHER

8. Full Maiden Name of Mother: Selma Osterberg
9. State or Country of Mother's Birth: Sweden

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Olga E Nelson
11. Present Address of Registrant: Route 1, Avon, Idaho

NOTARY (Seal)

Subscribed and sworn to before me on July 18, 19 51.

12. Signature of Notary: [illegible] Wylie
13. Notary Commission expires: December 30, 19 51.

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1. Class* A	Certificate of Baptism	Church		1897
	Date of Birth / Birth Place	**Full Name of Mother**	**Name of Father**	
	Aug. 6, 1896, Troy, Idaho	Selma Osterberg	Aron Liljegren	
SUPPORTING RECORD 2. Class B	Insurance Policy	Idaho Mutual Life Inc. Co.	Dec. 23, 1943	
	Aug. 6, 1896, Troy, Idaho			
SUPPORTING RECORD 3. Class				

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Mabel Fielder	July 24, 1951

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

312-2/3-003-113

Department of Public Health
Division of Vital Statistics
Boise, Idaho

RECEIVED JUL 39 1951 DIVISION OF VITAL STATISTICS

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De51-1098
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Name at Birth: Helen Case		2. Date Of Birth (month) September (day) 13th Sunday (year) 1896
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Bannock County; b. City or Town of Birth: Pocatello, Idaho.
FATHER	6. Full Name of Father: Lucious Bailey Case		7. State or Country of Father's Birth: Nebraska
MOTHER	8. Full Maiden Name of Mother: Nellie Helen Wright Jackson		9. State or Country of Mother's Birth: Kansas
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Helen Case	11. Present Address of Registrant: 218 So. Garfield
NOTARY (Seal)	Subscribed and sworn to before me on July 28 1951	12. Signature of Notary: [illegible]	13. Notary Commission expires: Aug 1 1954

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of Baptism	By whom issued and signed: Church of St. Joseph		Date Issued: Nov. 15, 1896	Date Orig. Entry
Class* A	Date of Birth / Birth Place: Sept. 13, 1896, Pocatello, Idaho,	Full Name of Mother: Helen Jackson		Name of Father: Luth B. Case	
SUPPORTING RECORD 2.	Type of Document: School Record	By whom issued and signed: Bannock County		Date Issued: 7-24-51	Date Orig. Entry: Sept. 1908
Class B	Date of Birth / Birth Place: Sept. 13, 1896, Pocatello, Idaho,	Full Name of Mother:		Name of Father:	
SUPPORTING RECORD 3.	Type of Document:	By whom issued and signed:		Date Issued:	Date Orig. Entry
Class	Date of Birth / Birth Place:	Full Name of Mother:		Name of Father:	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Mabel Holden	7-30-51

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

Case

Bannock County

September Sunday 1896

Pocatello, Idaho

Telephone

Witness

Witness Signature

Witness Address

Witness Signature

Witness Address

249-117-004-354

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De51-1134
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: David Alvin Burgoyne			2. Date of Birth: December 17 1896
	3. Color or Race: White	4. Sex: Male	5. Place of Birth: Montpelier a. County: Bear Lake	b. City or Town of Birth: Montpelier
FATHER	6. Full Name of Father: Edward Lorenzo Burgoyne			7. State or Country of Father's Birth: Wyoming
MOTHER	8. Full Maiden Name of Mother: Mary Teckla Cederlund Burgoyne			9. State or Country of Mother's Birth: Sweden
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: David Alvin Burgoyne		11. Present Address of Registrant: 353 North 5th East Logan, Utah
NOTARY (Seal)	Subscribed and sworn to before me on: August 8 1951	12. Signature of Notary: [illegible]		13. Notary Commission expires: November 20 1954

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Family Record	By whom issued and signed: E. L. Burgoyne	Date Issued:	Date Orig. Entry: Dec. 17, 1896
Class* A	Date of Birth / Birth Place: Dec. 17, 1896, Montpelier, Idaho	Full Name of Mother: Mary Teckla Cederlund	Name of Father: Edward Lorenzo Burgoyne	
SUPPORTING RECORD 2.	Type of Document: Certificate of Ordination	By whom issued and signed: L. D. S. Church	Date Issued: Nov. 4, 1912	Date Orig. Entry:
Class B	Date of Birth / Birth Place: Dec. 17, 1896, Montpelier, Idaho	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 3.	Type of Document: Honorable Discharge	By whom issued and signed: U. S. Army	Date Issued: Jan. 31, 1919	Date Orig. Entry:
Class B	Date of Birth / Birth Place: 21 Years old.	Full Name of Mother:	Name of Father:	
QUALIFYING INFORMATION				

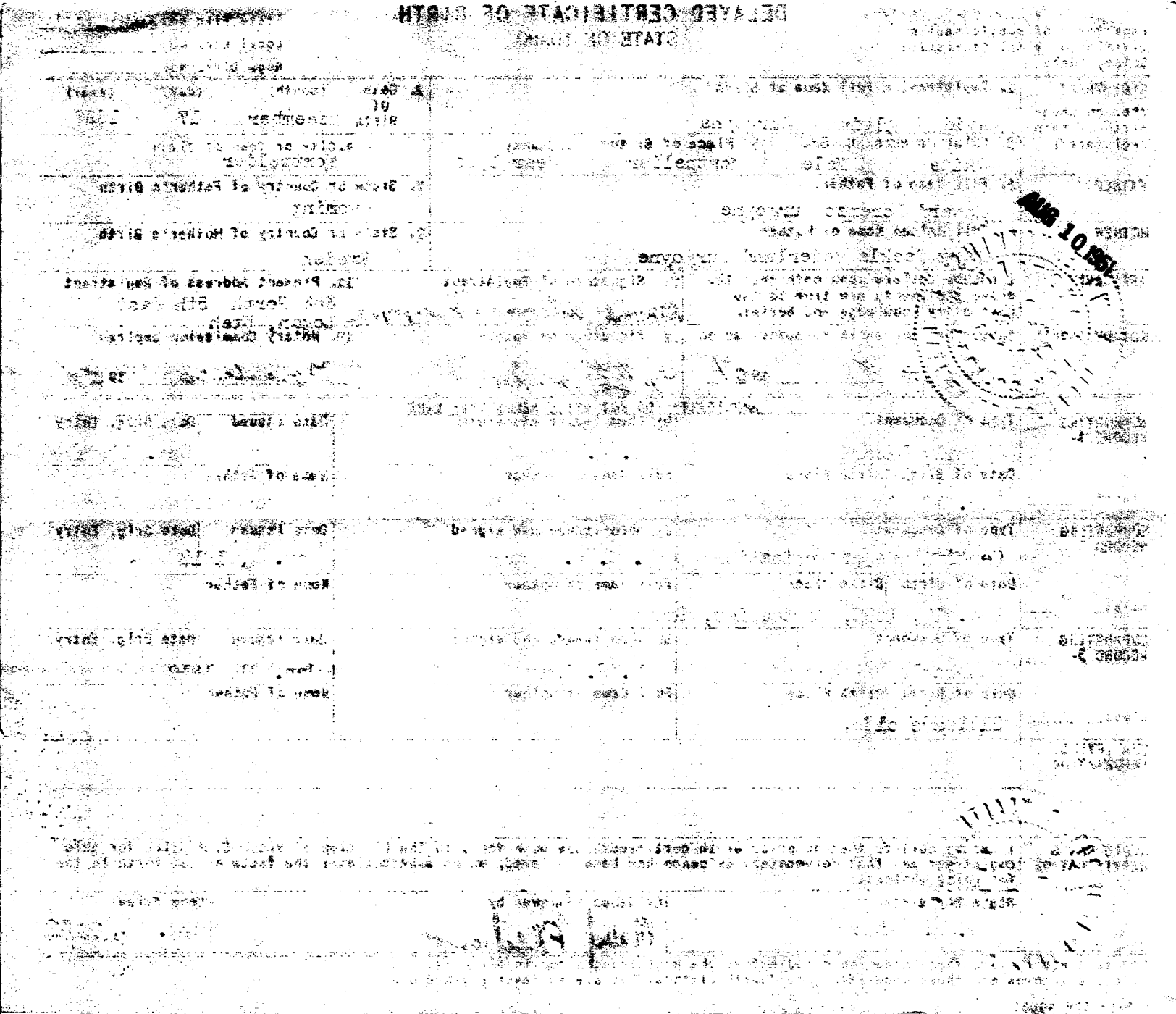
REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	[illegible]	Aug. 10, 1951

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067



285-129-029-666

Department of Public Health
Division of Vital Statistics
Boise, Idaho

RECEIVED
SEP 4 1952
DIVISION OF VITAL STATISTICS

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De51-2004
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Name at Birth: Denver Clay Byers
2. Date of Birth (month) (day) (year): Nov 29 1896
3. Color or Race: White
4. Sex: Male
5. Place of Birth a. County: Troy Idaho Latah
b. City or Town of Birth: Troy Idaho

FATHER

6. Full Name of Father: Denver Byers
7. State or Country of Father's Birth: Iowa Keokuk Co.

MOTHER

8. Full Maiden Name of Mother: Rose Ella Wood.
9. State or Country of Mother's Birth: Iowa Keokuk.

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Denver Clay Byers
11. Present Address of Registrant: 1616½ Idaho St. Lewiston Idaho.

NOTARY (Seal)

Subscribed and sworn to before me on Aug. 31 1951

12. Signature of Notary: Bruce A. Talbert
13. Notary Commission expires: May 1, 1954

APPLICANT — DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Bible Record	Family Bible		Nov. 29, 1896
Class* A	Date of Birth / Birth Place: Nov. 29, 1896, Troy, Idaho	Full Name of Mother	Name of Father	
SUPPORTING RECORD 2.	Affidavit by mother	Rose Ella McGarvey	Aug. 31, 1951	
Class B	Date of Birth / Birth Place: 11-29-1896, Troy, Idaho	Full Name of Mother	Name of Father	
SUPPORTING RECORD 3.				
Class	Date of Birth / Birth Place	Full Name of Mother	Name of Father	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Mabel Thelen	Sept. 4, 1951

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

962-113-036-819

DELAYED CERTIFICATE OF BIRTH

Department of Public Health
Division of Vital Statistics
Boise, Idaho

RECEIVED
AUG 17 1951
DIVISION OF VITAL STATISTICS

STATE OF IDAHO

State File No. De51-2017
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Herbert Frank Robinson
2. Date Of Birth: (month) Oct (day) 13 (year) 1896
3. Color or Race: White
4. Sex: Male
5. Place of Birth: a. County: Oneida; b. City or Town of Birth: Oneida Malad City Idaho

FATHER

6. Full Name of Father: Frank Ambler Robinson
7. State or Country of Father's Birth: England

MOTHER

8. Full Maiden Name of Mother: Maryann Harrison
9. State or Country of Mother's Birth: Utah

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Herbert Frank Robinson
11. Present Address of Registrant: 1457 W. 21st S. Ogden City

NOTARY (Seal)

Subscribed and sworn to before me on: Aug. 14 1951
12. Signature of Notary: A. W. Barnett
13. Notary Commission expires: March 15 1952

APPLICANT — DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Affidavit by Uncle	Thomas Lewis Slight Harrison		8-31-51
Class* B	Date of Birth / Birth Place: Oct. 13, 1896, Oneida County	Full Name of Mother: Malad City, Idaho	Name of Father:	
SUPPORTING RECORD 2.	Affidavit by Aunt	Bertha S. Robinson		8-31-51
Class B	Date of Birth / Birth Place: Oct. 13, 1896, Malad City,	Full Name of Mother: Idaho	Name of Father:	
SUPPORTING RECORD 3.	Affidavit by Uncle	Ernest A. Robinson		8-31-51
Class B	Date of Birth / Birth Place: Oct. 13, 1896, Malad City, Idaho	Full Name of Mother:	Name of Father:	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Mabel Heelan	Sept. 7, 1951

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

SEP 7 1951

133-211-001-683

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De51-2042
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Effie May Allison

2. Date of Birth (month) October (day) 11 (year) 1896

3. Color or Race: White | 4. Sex: Female | 5. Place of Birth a. County: Boise, Idaho Ada | b. City or Town of Birth: Boise, Idaho

FATHER

6. Full Name of Father: John Harry Allison

7. State or Country of Father's Birth: Illinois

MOTHER

8. Full Maiden Name of Mother: Effie Bell Wylie

9. State or Country of Mother's Birth: Idaho

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Effie May Allison Kemp

11. Present Address of Registrant: 1309 North 8th

NOTARY (Seal)

Subscribed and sworn to before me on Sept 17, 1951

12. Signature of Notary: Mabel Heeln

13. Notary Commission expires: May 7, 1955

APPLICANT — DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date issued	Date Orig. Entry
SUPPORTING RECORD 1.	Life Insurance Police	Occidental Life		Dec. 11, 1934
Class* B	Date of Birth / Birth Place: Oct. 11, 1896, Boise, Idaho	Full Name of Mother	Name of Father	
SUPPORTING RECORD 2.	Type of Document: Hospital Record	By whom issued and signed: St. Alphonsus Hospital	Date issued	Date Orig. Entry: Oct. 11, 1937
Class B	Date of Birth / Birth Place: Oct. 11, 1896, Boise, Idaho	Full Name of Mother	Name of Father	
SUPPORTING RECORD 3.	Type of Document: Driver's License	By whom issued and signed: State of Idaho Law Enforcement	Date issued	Date Orig. Entry: 11-2-49
Class B	Date of Birth / Birth Place: Oct. 11, 1896, Boise, Idaho	Full Name of Mother	Name of Father	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

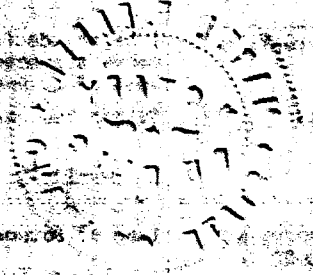
I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Mabel Heeln	Sept. 17, 1951

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH



SEP 18 1961

319-14-006-252

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De51-2085
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Edwin Allan LaRocque
2. Date Of Birth (month) Nov (day) 14 (year) 1886
3. Color or Race: White
4. Sex: Male
5. Place of Birth a. County: Blackfoot Bingham
b. City or Town of Birth: Blackfoot

FATHER

6. Full Name of Father: Emery LaRocque
7. State or Country of Father's Birth: Provence of Quebeck Canada

MOTHER

8. Full Maiden Name of Mother: Martha Sessions
9. State or Country of Mother's Birth: Illinois Wayne County

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Edwin Allan LaRocque
11. Present Address of Registrant: Route 2 Blackfoot Idaho

NOTARY (Seal)

Subscribed and sworn to before me on September 28, 1951
12. Signature of Notary: John W. Jones
13. Notary Commission expires: July 17 1953

APPLICANT—DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Family Bible	Bible Record		11-14-1886
Class* B	Date of Birth / Birth Place: Nov. 14, 1886, Blackfoot, Idaho	Full Name of Mother	Name of Father	
SUPPORTING RECORD 2.	Election registration	Board of County Commissioners		1930
Class B	Nov. 14, 1886, Blackfoot, Idaho			
SUPPORTING RECORD 3.	Honorable Discharge	U. S. Army		1917
Class B	Nov. 14, 1886, Blackfoot, Idaho			

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Mabel Fredericksen	Sept. 29, 1951

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

618-21-030-236

Department of Public Health
Division of Vital Statistics
Boise, Idaho

RECEIVED
OCT 18 1951
DIVISION OF VITAL STATISTICS

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De51-2199
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Name at Birth: Ruby Wayant		2. Date of Birth (month) Nov. (day) 11 (year) 1896
	3. Color or Race: white	4. Sex: female	5. Place of Birth a. County: Salmon Ida. Lemhi; b. City or Town of Birth: Salmon, Idaho
FATHER	6. Full Name of Father: Clarence Montana Wayant		7. State or Country of Father's Birth: Montana
MOTHER	8. Full Maiden Name of Mother: Lou Ella Stotler		9. State or Country of Mother's Birth: Nebraska
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Ruby Wayant Brough	11. Present Address of Registrant: Salmon, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: Oct. 11 1951	12. Signature of Notary: Frederick Hughes Swank	13. Notary Commission expires: Sept. 21 1955

APPLICANT—DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit	By whom issued and signed: Nora Y. Whitwell	Date Issued:	Date Orig. Entry: Oct. 11, 1951
Class* B	Date of Birth / Birth Place: Nov. 11, 1896, Salmon, Idaho	Full Name of Mother: Lou Ella Wayant	Name of Father: Clarence Montana Wayant	
SUPPORTING RECORD 2.	Type of Document: Affidavit	By whom issued and signed: Alice J. Owens	Date Issued:	Date Orig. Entry: Oct. 25, 1951
Class B	Date of Birth / Birth Place: Nov. 11, 1896, Salmon, Idaho	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 3.	Type of Document: Affidavit	By whom issued and signed: Thomas Kane	Date Issued:	Date Orig. Entry: Oct. 25, 1951
Class B	Date of Birth / Birth Place: Nov. 11, 1896, Salmon, Idaho	Full Name of Mother:	Name of Father:	
QUALIFYING INFORMATION	Also, affidavit made by Nora Y. Whitwell, gives the date of birth as Nov. 11, 1896, at Salmon, Idaho			

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: Mabel Freeman	Date Filed: Oct. 29, 1951

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

NOV 9 1951

I hereby certify that no error exists in the foregoing certificate has been made in the [illegible] registrant and that document has been reviewed, which substantiates the [illegible] the foregoing abstract.

State Registrar

By

Deputy

Date

Issued

Date

Filed

Date

Registered

Date

Delayed

Date

Filed

Date

Registered

Date

Amended

Date

Filed

Date

Registered

Date

Amended

Date

Filed

Date

Registered

Date

Amended

915-115-029-239

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De51-2333
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Lloyd Vanessa Randall
2. Date Of Birth (month) (day) (year): January 15, 1896
3. Color or Race: White
4. Sex: Male
5. Place of Birth a. County: Troy, Idaho Latah
b. City or Town of Birth: Troy, Idaho

FATHER

6. Full Name of Father: Vanessa Anderson Randall
7. State or Country of Father's Birth: Clinton County - Iowa

MOTHER

8. Full Maiden Name of Mother: Fanny Bower Strahl
9. State or Country of Mother's Birth: Iowa City, Iowa

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Lloyd V. Randall
11. Present Address of Registrant: 12th & Kiley Street RL2 Box 75E - Clarkston

NOTARY (Seal)

Subscribed and sworn to before me on: June 5 1951
12. Signature of Notary: Elmer M. Rose
13. Notary Commission expires: Dec. 2 1954

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Affidavit by mother	Fanny Bower Randall	June 5, 1951	
Class* B	Date of Birth / Birth Place: Jan. 15, 1896, Troy, Idaho	Full Name of Mother	Name of Father	
SUPPORTING RECORD 2.	Bible Record	Family Bible		Jan 15, 1896
Class B	Jan. 15, 1896, Troy, Idaho			
SUPPORTING RECORD 3.				
Class				

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
H. A. Benson	Mabel E. Eccles	Jan. 4, 1952

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

JAN 7 1952

363.109-029-812

RECEIVED JAN 18 1952 DIVISION OF VITAL STATISTICS

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. De52-2369
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County LATAH (b) City Juliaetta
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 3 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Latah
   (c) City Juliaetta
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? yrs.

3. **RESIDENCE OF FATHER** (city, state) Juliaetta, Idaho

4. **FULL NAME OF CHILD** Kenneth Heath Collins

5. Date of Birth of Child (Month, day, year) Nov. 9 1896

6. Sex MALE

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Joseph Ransler Collins
11. Color or Race White
12. Age at time of THIS birth 28 yrs.
13. Birthplace E1K Point S. Dakota. (City or town) (State or foreign country)
14. Exact Occupation Warehouse business
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Avis Alvira Hastings
17. Color or Race White
18. Age at time of THIS birth 24 yrs.
19. Birthplace Santa Rosa California (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

State of Idaho } ss.
County of LATAH }

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4 above, that I am now 79 years of age, that I have known this person for 56 years, and that Dr. Phillips (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs J. R. Collins Signature
123 North Nez Perce St. Moscow, Idaho P. O. Address

Subscribed and sworn to before me this [illegible] day of Jan 19 52

(SEAL) [illegible], Notary Public, residing at Moscow

(Note: Perjury is punishable as a felony in Idaho, see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Jan. 18, 1952 by W. W. Benson, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

JAN 18 1952

DELAYED

559-227-021-319

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De52-2381
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Gertie Neilson
2. Date of Birth (month) August (day) 27 (year) 1896
3. Color or Race: white
4. Sex: Female
5. Place of Birth: a. County: Franklin; b. City or Town of Birth: Idaho

FATHER

6. Full Name of Father: Neils H. Neilson
7. State or Country of Father's Birth: Sweeden

MOTHER

8. Full Maiden Name of Mother: Sarah Ann Cartwright
9. State or Country of Mother's Birth: England

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Gertie Neilson
11. Present Address of Registrant: 5501 S.E. 42 Ave. Portland/Oregon

NOTARY (Seal)

Subscribed and sworn to before me on 2nd January 1952

12. Signature of Notary: Lawrence L Lewis
13. Notary Commission expires: [illegible] 19

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Certificate of Baptism	L. D. S. Church	1-11-52	Aug. 27, 1904
Class* A	Date of Birth / Birth Place: Aug. 27, 1896, Preston, Idaho	Full Name of Mother: Sarah Ann Cartwright	Name of Father: Neils H. Neilson	
SUPPORTING RECORD 2.	Church Record	William G. Burton, Patriarch		
Class A	Aug. 27, 1896, Preston, Idaho	Sarah Ann Cartwright	Neils H. Neilson	
SUPPORTING RECORD 3.				
Class				

QUALIFYING INFORMATION

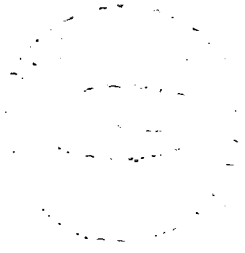
REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Mabel H Fredson	Jan. 22, 1952

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067



JAN 23 1952

318-103-022-219

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De52-2528
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: WALTER W.A. TAYLOR
2. Date of Birth (month) (day) (year): December 3 1896
3. Color or Race: White
4. Sex: M
5. Place of Birth a. County: Clawson, Ida. Fremont
b. City or Town of Birth: Clawson Idaho

FATHER

6. Full Name of Father: Jackson Caldwell Taylor
7. State or Country of Father's Birth: Kearney, Clay Co., Mo.

MOTHER

8. Full Maiden Name of Mother: Celestia Sophia Barney
9. State or Country of Mother's Birth: Utah

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Walter W.A. Taylor
11. Present Address of Registrant: Emmett Ida

NOTARY (Seal)

Subscribed and sworn to before me on _____ 19____
12. Signature of Notary
13. Notary Commission expires _____ 19____

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Bible Record	Family Bible		Dec. 3, 1896
Class* A	Date of Birth / Birth Place: Dec. 3, 1896, Clawson, Idaho	Full Name of Mother	Name of Father	
SUPPORTING RECORD 2.	Certificate of Baptism	L. D. S. Church		Aug. 2, 1918
Class B	Dec. 3, 1896, Clawson, Idaho			
SUPPORTING RECORD 3.	Child's birth certificate	On file with Bureau of Vital Statistics #267543		Apr. 4, 1938
Class B	41 Yrs old / Idaho			

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Mabel Hyer	March 11, 1952

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

MAY 31 1968

662-22-001-419

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. De52-2554
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Ada (b) City Boise
   (c) Street Address or R.F.D. No. 5th & Ada
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Ada
   (c) City Boise
   (d) Street Address or R.F.D. No. 5th & Ada
   (e) How long has **MOTHER** lived in Idaho? 62 yrs.

3. **RESIDENCE OF FATHER** (city, state) Boise Idaho

4. **FULL NAME OF CHILD** Hazel May Foster

5. Date of Birth of Child (Month, day, year) July 27, 1896

6. Sex

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** William Alexander Foster
11. Color or Race White
12. Age at time of THIS birth 26 yrs.
13. Birthplace Grenell (City or town) Iowa (State or foreign country)
14. Exact Occupation Laborer
15. Industry or Business Transfer Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Martha Jane Martin
17. Color or Race White
18. Age at time of THIS birth 25 yrs.
19. Birthplace Joplen (City or town) Missouri (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business —

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

State of Idaho
County of Ada } ss.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 81 years of age, that I have known this person for 1 yr. years, and that Dr. Bowen (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Martha Jane Foster Signature

P. O. Address

Subscribed and sworn to before me this 17th day of March, 1952

(SEAL)

Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on March 17, 1952 by W. W. Benson, Registrar

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

Form DPH-51130

MAR 13 1952

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DELAYED

281-229-044-292

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De52-2569
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Anna Laura Shaw
2. Date of Birth (month) (day) (year): September 29- 1896
3. Color or Race: White
4. Sex: female
5. Place of Birth a. County: Washington
b. City or Town of Birth: Midvale

FATHER

6. Full Name of Father: Benjamin J. Shaw
7. State or Country of Father's Birth: Missouri

MOTHER

8. Full Maiden Name of Mother: Phebe Kisling
9. State or Country of Mother's Birth: Ohio

AFFIDAVIT L

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant L: Anna L Strobel
11. Present Address of Registrant: North Richland Wash.

NOTARY (Seal) L

Subscribed and sworn to before me on MAR 18 1952 19__

12. Signature of Notary: [signature]
13. Notary Commission expires: Oct. 23 19 55

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Affidavit by older sister	Nettie M. Hare	3-7-52	
Class* B	Date of Birth / Birth Place: Sept. 29, 1896, Midvale, Idaho	Full Name of Mother: Phoebe Kisling	Name of Father: Benjamin J. Shaw	
SUPPORTING RECORD 2.	Type of Document: Application for	By whom issued and signed: Social Security	Date Issued: June 12, 1940	Date Orig. Entry
Class B	Date of Birth / Birth Place: Sept. 29, 1896, Midvale, Idaho	Full Name of Mother	Name of Father	
SUPPORTING RECORD 3.	Type of Document: Child's birth certificate	By whom issued and signed: On file Bureau of Vital Statistics Boise, Idaho #130947	Date Issued	Date Orig. Entry: Feb. 1925
Class B	Date of Birth / Birth Place: 28 yrs old Idaho	Full Name of Mother	Name of Father	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	[signature]	March 21, 1952

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

MAR 21 1952

DELAYED CERTIFICATE OF BIRTH

STATE OF OHIO

1. Name of child (Type or print) (First) (Middle) (Last)

2. Date of birth (Month) (Day) (Year)

3. Sex

4. Place of birth (City) (County)

5. County of birth

FATHER

6. Full name of father

7. Color or race

8. Age at last birthday (Years)

9. Birthplace (State or country)

MOTHER

10. Full maiden name of mother

11. Color or race

12. Age at last birthday (Years)

13. Birthplace (State or country)

AFFIDAVIT

I hereby declare upon oath that the statements above are true to the best of my knowledge and belief.

(Signature of Applicant)

14. Present Address of Applicant

Subscribed and sworn to before me this ____ day of ____, 19____

(Signature of Notary)

My commission expires ____, 19____

DO NOT WRITE BELOW THIS LINE

Local Registrar's Number

Date Issued

Date Rec'd. Local Reg.

Date Rec'd. State Reg.

Delayed Certificate of Birth

Type of Document

By whom issued and signed

Date Issued

Date Rec'd. Local Reg.

Date Rec'd. State Reg.

SECOND COPY

Date of Birth

Birth Place

Full Name of Mother

Name of Father

Type of Document

By whom issued and signed

Date Issued

Date Rec'd. Local Reg.

Date Rec'd. State Reg.

SECOND COPY

Date of Birth

Birth Place

Full Name of Mother

Name of Father

STATE OF OHIO, ____ COUNTY, ss.

I hereby certify that no prior delayed certificate has been found in the Division of Vital Statistics for this child. Application and documentary evidence has been received, which substantiates the facts as set forth in the foregoing affidavit.

State Registrar

Evidence received by

Date Filed

356-115-004-245

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-52-2600
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Elzo Wayne Lewis
2. Date Of Birth (month) (day) (year): August 15 1896
3. Color or Race: white
4. Sex: male
5. Place of Birth a. County: [illegible], Bear Lake
b. City or Town of Birth: Paris

FATHER

6. Full Name of Father: John David Lewis
7. State or Country of Father's Birth: Salt Lake City Utah

MOTHER

8. Full Maiden Name of Mother: Lucy Smedley
9. State or Country of Mother's Birth: Kent County Deleware

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Elzo Wayne Lewis
11. Present Address of Registrant: Kemmerer Wyoming

NOTARY (Seal)

Subscribed and sworn to before me on: March 25th 1952
12. Signature of Notary: Julia Neil
13. Notary Commission expires: January 14 1956

APPLICANT — DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Certificate of Blessing	Orson H. Gummett		Nov. 5, 1896
Class* A	Date of Birth / Birth Place: Aug. 15, 1896 Paris, Idaho	Full Name of Mother: Lucy Smedley		Name of Father: John D. Lewis
SUPPORTING RECORD 2.	Certificate of Ordination	Thos. Minson		Dec. 13, 1909
Class B	Aug. 15, 1896 Paris, Idaho	Lucy Smedley		John D. Lewis
SUPPORTING RECORD 3.				
Class	Date of Birth / Birth Place	Full Name of Mother		Name of Father

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Shirley E. Farrell	April 2, 1952

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

Department of Public Health
Division of Vital Statistics
Boise, Idaho

State File No. [illegible]
Local Reg. No.
Reg. Dist. No.

REGISTRANT

1. Registrant's Full Name at Birth

2. Date of Birth (Month) (Day) (Year)

CENTER

3. Color or Race 4. Place of Birth (County)

5. Full Name of Father

MOTHER

6. Full Maiden Name of Mother

7. State or Country of Mother's Birth

8. Mother's Usual Residence

9. State or Country of Father's Birth

10. Father's Usual Residence

11. I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

12. Signature of Registrant

13. Person's Address at Registrant

14. Subscribed and sworn to before me this 25th day of January, 19 52

15. Notary Commission expires January 13, 19 56

SUPPLEMENTARY RECORD

Type of Document

Date of Birth Birth Place

Full Name of Father

Full Maiden Name of Mother

By whom issued and signed

Date Issued

Date Orig. Entry

SUPPLEMENTARY RECORD No. 2

Type of Document

Date of Birth Birth Place

Full Name of Father

Full Maiden Name of Mother

By whom issued and signed

Date Issued

Date Orig. Entry

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION

I hereby certify that no other birth certificate has been found in the Division of Vital Statistics for this registrant and that circumstantial evidence has been analyzed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar

Evidence Received

Date Filed

Issue A Records are those made and dated during the first year. Registrants found [illegible]

Issue B Records are those made after the first [illegible] but are as [illegible]

218-214-026-218

Department of Public Health
Division of Vital Statistics
Boise, Idaho

RECEIVED APR 16 1952 DIVISION OF VITAL STATISTICS

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De52-2672
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Golda Marguerite Sayer
2. Date Of Birth (month) (day) (year): Feb. 14. 1896
3. Color or Race:
4. Sex:
5. Place of Birth a. County:
b. City or Town of Birth: Lewisville, Idaho

FATHER

6. Full Name of Father: Thomas Alma Sayer
7. State or Country of Father's Birth: Paddington England

MOTHER

8. Full Maiden Name of Mother: Mary Ellen Jones Sayer
9. State or Country of Mother's Birth: Ogden, Utah USA

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Golda Marguerite Sayer
11. Present Address of Registrant: 3457 South La Brea, Los Angeles Calif.

NOTARY (Seal)

Subscribed and sworn to before me on: February 6 1951
12. Signature of Notary: Mary G. Lanning NOTARY PUBLIC
13. Notary Commission expires: 12-8 1953

APPLICANT DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Class* A

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Church Record	L. D. S. Church	7-30-04	

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Feb. 14, 1896	Lewisville, Idaho	Mary E. Jones	Alma Sayer

SUPPORTING RECORD 2.

Class A

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Family Record	Viewed by John R. Sayer Family Genealogical Record	Apr. 5, 1952	

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Feb. 14, 1896	Lewisville, Idaho	Mary Ellen Jones	Thomas Alma Sayer

SUPPORTING RECORD 3.

Class

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry

Date of Birth	Birth Place	Full Name of Mother	Name of Father

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Mabel Heelan	Apr. 17, 1952

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

DEPARTMENT OF VITAL STATISTICS

Boise, Idaho

REGISTRANT

1. Registrant's Original Name

2. Date of Birth (month) (day) (year)

3. Color or Race

4. Sex

5. Place of Birth

6. City or Town of Birth

7. County

8. State or Country of Registrant's Birth

PARENTS

9. Full Name of Father

10. Birthplace of Father

MOTHER

11. Full Maiden Name of Mother

12. Birthplace of Mother

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

13. Signature of Registrant

14. Present Address of Registrant

NOTARY

Subscribed and sworn to before me on

15. Signature of Notary

16. Notary Commission expires

SUPPORTING DOCUMENTS

Type of Document

By whom issued and signed

Date Issued

Date Orig. Entry

Date of Birth

Full Name at Birth

Name of Father

Name of Mother

CLERK'S CERTIFICATION

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been received which substantiates the facts as set forth in the delayed statement.

Signature of Registrar

Evidence received by

Date Filed

663-123-029-663

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De52-2754
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Mahlon E. Follett
2. Date Of Birth (month) June (day) 23 (year) 1896
3. Color or Race: White
4. Sex: male
5. Place of Birth: a. County Latah; b. City or Town of Birth: Genesee Idaho

FATHER

6. Full Name of Father: George W. Follett
7. State or Country of Father's Birth: Wisconsin

MOTHER

8. Full Maiden Name of Mother: Minnie
9. State or Country of Mother's Birth: Wisconsin

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Mahlon E. Follett
11. Present Address of Registrant: Genesee Idaho

NOTARY (Seal)

Subscribed and sworn to before me on 4-21 1952

12. Signature of Notary: Donald E. Springer
13. Notary Commission expires: Aug 29 1955

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Affidavit by Aunt	Minta Follett		Apr. 24, 1952
Class* B	Date of Birth / Birth Place: June 23, 1896, Genesee, Idaho	Full Name of Mother: Minnie		Name of Father: George W. Follett
SUPPORTING RECORD 2.	Affidavit by Uncle	George Raymond		Apr. 19, 1952
Class B	June 23, 1896, Genesee, Idaho	Minnie		George Follett
SUPPORTING RECORD 3.	Affidavit by mother	Minnie Follett		Apr. 19, 1952
Class B	June 23, 1896, Genesee, Idaho			George Follett

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Mabel Keeler	May 5, 1952

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

Department of Health & Welfare
Division of Vital Statistics
Boise, Idaho

Local Reg. No. _____

Reg. State No. _____

REGISTRATION DISTRICT NO. _____

1. Name at birth (First, Middle, Last) — Print
2. Date of birth (month) (day) (year)
3. Sex
4. Color or race
5. Place of birth (City or town) (County) (State)
6. Full name of father
7. Birthplace of father (State or foreign country)
8. Maiden name of mother
9. Birthplace of mother (State or foreign country)
10. Usual residence of parents (Street address, city or town, county, state)
11. Name and address of informant
12. Relationship of informant to person named in item 1
13. Date signed
14. Name and address of person who prepared this report (if other than informant)
15. Date received by local registrar

I hereby certify that the above statements are true to the best of my knowledge and belief.

Signature of informant

Subscribed and sworn to before me on

Signature of official

Title

Date

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this person and that documentary evidence has been reviewed, as listed above, and the facts as set forth in the foregoing affidavit.

Signature of Registrar

Evidence reviewed by

Date filed

Class A Records are those made not more than one year after the date of birth.
Class B Records are those made after one year or delayed by one or more years.

MAY 4 1992

869-120-006-699

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De52-2852
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Leo Vernon Horton,
2. Date of Birth (month) (day) (year): Nov 20th. 1896.
3. Color or Race: White
4. Sex: Male
5. Place of Birth a. County: Blackfoot, Bingham
b. City or Town of Birth: Blackfoot, Idaho.

FATHER ✓

6. Full Name of Father: Henry John Horton. Tunstall , England.
7. State or Country of Father's Birth: August 1st, 1870. England.

MOTHER

8. Full Maiden Name of Mother: Vesta Mae Wright. Logan, Utah.
9. State or Country of Mother's Birth: United-States.

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Leo Vernon Horton.
11. Present Address of Registrant: 724 Columbia Avenue Mt. Vernon, Illinois

NOTARY (Seal)

Subscribed and sworn to before me on: April 11 1952
12. Signature of Notary: Billie C. Vanns
13. Notary Commission expires: Sept. 25 1955

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Affidavit by father	Henry John Horton	Apr. 24, 1952	
Class* B	Date of Birth / Birth Place: Nov. 20, 1896, Blackfoot, Idaho	Full Name of Mother	Name of Father	
SUPPORTING RECORD 2.	Affidavit by mother	Vesta Mae Wright Horton	Apr. 24, 1952	
Class B	Date of Birth / Birth Place: Nov. 20, 1896, Blackfoot, Idaho	Full Name of Mother	Name of Father	
SUPPORTING RECORD 3.	Affidavit	Custer County High School Miles City, Montana	May 22, 1952	
Class B	Date of Birth / Birth Place: Nov. 20,1896	Full Name of Mother	Name of Father	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Mabel Freeman	May 26, 1952

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

MAY 27 1982

851-109-030-785

Department of Public Health
Division of Vital Statistics
Boise, Idaho

RECEIVED JUN 12 1952 DIVISION OF VITAL STATISTICS

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De52- 2913
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: William Arthur Yearian		2. Date of Birth (month) Sept. (day) 9 (year) 1896
	3. Color or Race: White	4. Sex: M	5. Place of Birth a. County: Lemhi; b. City or Town of Birth: Lemhi
FATHER	6. Full Name of Father: Edwin Milton Yearian		7. State or Country of Father's Birth: Duquoin Illinois
MOTHER	8. Full Maiden Name of Mother: Cornelia Ann Pyeatt		9. State or Country of Mother's Birth: Duquoin Illinois
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: W. A. Yearian	11. Present Address of Registrant: Orland P.O. Box 324 California
NOTARY (Seal)	Subscribed and sworn to before me on: June 9 1952	12. Signature of Notary: Donald H. Keene	13. Notary Commission expires: Sept. 30 1954

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1. Class* A	Type of Document: Bible record		By whom issued and signed	Date Issued	Date Orig. Entry
	Date of Birth: Sept.9,1896	Birth Place	Full Name of Mother: Nelia U. Yearian	Name of Father: Edwin M. Yearian	
SUPPORTING RECORD 2. Class B.	Type of Document: Honorable Discharge from U.S. Army		By whom issued and signed: Elma L. Henry, Deputy, Glenn County, Calif. as true copy of one on file	Date Issued: 6/2/52	Date Orig. Entry
	Date of Birth	Birth Place	Full Name of Mother	Name of Father	
SUPPORTING RECORD 3. Class	Type of Document		By whom issued and signed	Date Issued	Date Orig. Entry
	Date of Birth	Birth Place	Full Name of Mother	Name of Father	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Edna Hamilton	June 12, 1952

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

DIVISION OF VITAL STATISTICS

State File No. D62-2[illegible]

Local Reg. No.

Reg. Dist. No.

REGISTRANT (Person whose birth is being registered)	1. Registrant's Full Name at Birth	2. Date of Birth (month) (day) (year)	
	3. Color or Race 4. Sex	5. Place of Birth a. County	b. City or Town of Birth
FATHER	6. Full Name of Father	7. State or Country of Father's Birth	
MOTHER	8. Full Maiden Name of Mother	9. State or Country of Mother's Birth	
AFFIDAVIT	I [illegible] upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Applicant	11. Present Address of Applicant
NOTARY (Seal)	Subscribed and sworn to before me on [illegible] 19	12. Signature of Notary	13. Notary Commission expires [illegible] 19

SUPPORTING RECORD 1.

REFERENCE: DO NOT WRITE BELOW THIS LINE

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Date of Birth [illegible]place	Full name of Mother	Name of Father	
Class [illegible]	[illegible]	[illegible]	[illegible]

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Date of Birth [illegible]place	Full Name of Mother	Name of Father	
Class			

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Date of Birth [illegible]place	Full Name of Mother	Name of Father	
Class			

REGISTRAR'S CERTIFICATE: I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the data as set forth in the foregoing affidavit.

Name Registrar	Evidence reviewed by	Date Filed
M. J. Benson	Baby Hamilton	June 12, 1962

Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made on or the fourth birthday but are at least 1 years old.

655-101-031-433

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. De52-2955
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Lewis (b) City Forest
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: x
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 1 years — months — days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Lewis
   (c) City Forest
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 1 yrs.

3. **RESIDENCE OF FATHER** (city, state) Forest Idaho

4. **FULL NAME OF CHILD** William Thomas Feehan

5. Date of Birth of Child (Month, day, year) August 1st, 1896

6. Sex Male

7. Twin or Triplet x If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Edward Joseph Feehan
11. Color or Race White
12. Age at time of THIS birth 47 yrs.
13. Birthplace Cork (City or town) Ireland (State or foreign country)
14. Exact Occupation Sawmill Owner
15. Industry or Business Same

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Josephine Mc Cubbins
17. Color or Race White
18. Age at time of THIS birth 35 yrs.
19. Birthplace Salem (City or town) Oregon (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Same

22. Name prophylactic used to prevent Ophthalmia Neonatorum x
23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was — (Born alive, stillborn) at — M. on the date — and at the place stated above, and that personal particulars were furnished by — (First name) — (Last name) who is related as — (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife Address — Date —

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

State of Idaho
County of Nez Perce } ss.

I, the undersigned, being first duly sworn, say that I am the Brother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 59 years of age, that I have known this person for 55 years, and that Mrs Andy Dickson (First name) (Last name), who attended this birth Now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Martin E. Feehan Signature

Lewiston, Idaho P. O. Address

Subscribed and sworn to before me this 24th day of June, 1952.

(SEAL) M. F. Brannon, Notary Public, residing at Lewiston Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on June 26, 1952 by W. W. Benson, Registrar

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

Form DPH-51130

JUN 26 1952

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DELAYED

365-114-036-365

RECEIVED
JUL 14 1952
DIVISION OF VITAL STATISTICS

United States Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. Da52-3014
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Oneida (b) City Malad
   (c) Street Address or R.F.D. No. 1
   (d) Name of Hospital or Maternity Home: Route - Home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county ____ years ____ months ____ days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Oneida
   (c) City Malad
   (d) Street Address or R.F.D. No. 1
   (e) How long has **MOTHER** lived in Idaho? ____ yrs.

3. **RESIDENCE OF FATHER** (city, state) Malad, Idaho

4. **FULL NAME OF CHILD** Morgan William Tovey

5. Date of Birth of Child (Month, day, year) Aug. 14, 19[illegible]

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd 2nd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** David William Tovey
11. Color or Race White
12. Age at time of THIS birth ____ yrs.
13. Birthplace Willard, Utah (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Ann Jardine Tovey
17. Color or Race White
18. Age at time of THIS birth 23 yrs.
19. Birthplace Willard, Utah (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum ____
23. Number of children of this mother: (a) At time of birth and including this child ____ (b) Born alive and now living ____

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name) who is related as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife Address ____ Date ____

AFFIDAVIT

State of Idaho
County of Oneida } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4 above, that I am now 30 years of age, that I have known this person for 5 6 years, and that Mrs. Nellie Stevens Thomas (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary Ann Jardine Tovey Signature

P. O. Address

Subscribed and sworn to before me this 9th day of July, 1952

(SEAL)

J. R. Daly, Notary Public, residing at Malad Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on July 14, 1952 by W. W. Benson, Registrar

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

Form DPH-51130

SEP 13 1973

JUL 15

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DELAYED

433-202-001-212

De52-3021

RECEIVED

JUL 15 1952

DIVISION OF VITAL STATISTICS

United States Department of Commerce Bureau of the Census

(Please see that the information is as of date of birth of THIS child.)

State File No. De52-3021

Local Reg. No.

Reg. Dist. No.

CERTIFICATE OF BIRTH

STATE OF IDAHO

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Ada (b) City Boise
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county yes years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County ADA
   (c) City Boise
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 70 yrs.

3. **RESIDENCE OF FATHER** (city, state) Boise Idaho

4. **FULL NAME OF CHILD** Jessie McClure

5. Date of Birth of Child (Month, day, year) Oct. 2. 1896

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** William SiLas McClure
11. Color or Race White
12. Age at time of THIS birth 35 yrs.
13. Birthplace Eugene (City or town) Oregon. (State or foreign country)
14. Exact Occupation Ran a Mule Pack Train
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Alice Mae Sake
17. Color or Race White
18. Age at time of THIS birth 22 yrs.
19. Birthplace (City or town) Kansas (State or foreign country)
20. Exact Occupation House wife.
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

AFFIDAVIT

State of
County of } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 90 years of age, that I have known this person for 55 years, and that Dr. (First name) Gonzera (Last name), who attended this birth is deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Wm. McClure Signature

Boise Idaho P. O. Address

Subscribed and sworn to before me this 14th day of July, 1952

(SEAL) [signature], Notary Public, residing at Boise Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on July 15, 1952 by W. W. Benson, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

Form DPH-51130

JUL 16 1952

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DELAYED

244-202-023-419

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. Da52-3060
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Gem (b) City Emmett
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: Home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years 6 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Gem
   (c) City Emmett
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 15 yrs.

3. **RESIDENCE OF FATHER** (city, state) Emmett Ida.

4. **FULL NAME OF CHILD** Ina Winifred Budden (Travers)

5. Date of Birth of Child (Month, day, year) Mar. 20th 1896

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** Edmond George Budden
11. Color or Race White
12. Age at time of THIS birth 29 yrs.
13. Birthplace Wimbourne England (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Elizabeth Mary Mark
17. Color or Race White
18. Age at time of THIS birth yrs.
19. Birthplace Wimbourne England (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. / Midwife — Address — Date

AFFIDAVIT

State of
County of } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for 56 years, and that Unknown (First name) (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Ethel Wheeler Signature

Medford Oregon P. O. Address

Subscribed and sworn to before me this 30 day of June, 1952

(SEAL) Chas. L. Sharp, Notary Public, residing at Caldwell

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on July 29, 1952 by W. W. Benson, Registrar

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

Form DPH-51130

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

JUL 24 195

793-216-0-07-231

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De52-3067
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: RUTH GILMAN		2. Date Of Birth (month) (day) (year): October 16, 1896
	3. Color or Race: White	4. Sex: F	5. Place of Birth a. County: Hailey, Idaho Blaine; b. City or Town of Birth: Hailey
FATHER	6. Full Name of Father: John Walter Gilman		7. State or Country of Father's Birth: North Brookfield, Massachusetts
MOTHER	8. Full Maiden Name of Mother: Minnie E. Stamper		9. State or Country of Mother's Birth: Oswego, Kansas
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Mrs. Ruth Lee	11. Present Address of Registrant: 112 Ida St. Kellogg Ida.
NOTARY (Seal)	Subscribed and sworn to before me on: July 24 1952	12. Signature of Notary: Eva Jannuah	13. Notary Commission expires: October 23 1954

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Bible Record		By whom issued and signed: John Gilman (Grandfather)	Date Issued:	Date Orig. Entry: Oct 1896
Class* A	Date of Birth: Oct. 16, 1896	Birth Place: Hailey, Idaho	Full Name of Mother: Minnie E. Gilman	Name of Father: John Walter Gilman	
SUPPORTING RECORD 2.	Type of Document: Application for Insurance		By whom issued and signed: #A9003J45HL Gem State Mutual H&A Assn.	Date Issued: 2/15/45	Date Orig. Entry:
Class B	Date of Birth: Oct. 16, 1896	Birth Place: Hailey, Idaho	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 3.	Type of Document:		By whom issued and signed:	Date Issued:	Date Orig. Entry:
Class	Date of Birth:	Birth Place:	Full Name of Mother:	Name of Father:	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Edna Hamilton	July 30, 1952

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

Applications for Insurance

Cem Stella Shirley MRA Asst.

Lot 4, Pkg 14, Ivy, Idaho

W. R. Tenson

July 30, 1982

893-215-076-356

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De52-3080
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Catherine Hill			2. Date of Birth (month) 8 (day) 15 (year) 1896	
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Oneida	b. City or Town of Birth: Malad City, Idaho	
FATHER	6. Full Name of Father: Andrew N. Hill			7. State or Country of Father's Birth: Idaho U.S.A.	
MOTHER	8. Full Maiden Name of Mother: Eleanor Lewis			9. State or Country of Mother's Birth: Wales	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Catherine H. Robertson		11. Present Address of Registrant: 2410 Madison Ave. Boise, Ida	
NOTARY (Seal)	Subscribed and sworn to before me on: Dec. 7th 1951	12. Signature of Notary: Jack Similai		13. Notary Commission expires: June 1955	

APPLICANT—DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Family Album	By whom issued and signed: Andrew N. Hill		Date Issued: Aug. 1896	Date Orig. Entry: Aug 1896
Class* A	Date of Birth: Aug 15 1896	Birth Place:	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 2.	Type of Document: Employment Record	By whom issued and signed: Campbell Simpson Motor Co.		Date Issued: 9/1/29	Date Orig. Entry: 9/1/29
Class B	Date of Birth: Aug 15 1896	Birth Place: Malad City, Ida.	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 3.	Type of Document:	By whom issued and signed:		Date Issued:	Date Orig. Entry:
Class	Date of Birth:	Birth Place:	Full Name of Mother:	Name of Father:	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Eva Haines	8/4/52

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

Department of Public Health
Division of Vital Statistics
Boise, Idaho

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 3532m 3089
Local Reg. No.
Reg. Dist. No.

REGISTERED

1. Registration Dist. Name or Birth
Jefferson #11

2. Date of Birth (Month) (Day) (Year)
Birth 6 15 1896

(Type or write in ink)
Registration

3. Color or Race
White

4. Sex
Male

5. Place of Birth
a. County
Ada

b. City, or Town of Birth
Boise City, Idaho

FATHER

6. Full Name of Father

7. State or Country of Father's Birth
Idaho U.S.A.

MOTHER

8. Full Maiden Name of Mother
Address M. HILL

9. State or Country of Mother's Birth
Wales

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant
Simeon Lewis

11. Present Address of Registrant
2410 Madison Ave. Boise, Ida

Subscribed and sworn to before me on

12. Signature of Notary

13. Notary Commission expires

19

DO NOT WRITE BELOW THIS LINE

Name Changed

By whom Name was changed

Date Issued

Date Corr. Entry

Color or Race

Age at Birth

Birth Place

Full Name of Mother

Name of Father

Maiden Name

Date and Place of Marriage

Number of Previous Children

Number of Children Now Living

Type of Document

By whom Issued and Signed

Date Issued

Date Corr. Entry

Color

Age at Birth

Birth Place

Full Name of Mother

Name of Father

Maiden Name

Date and Place of Marriage

Number of Previous Children

Number of Children Now Living

Type of Document

By whom Issued and Signed

Date Issued

Date Corr. Entry

Color

Age at Birth

Birth Place

Full Name of Mother

Name of Father

Maiden Name

Date and Place of Marriage

Number of Previous Children

Number of Children Now Living

SUPPORTING DOCUMENTS

Type of Document

By whom Issued and Signed

Date Issued

Date Corr. Entry

Color

Age at Birth

Birth Place

Full Name of Mother

Name of Father

Maiden Name

Date and Place of Marriage

Number of Previous Children

Number of Children Now Living

REGISTRAR'S CERTIFICATION

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

(seal)

State Registrar

Evidence reviewed by

Date Filed

Class A Records are those made and data filed by the Registrar from the parents.
Class B Records are those made after the time ... primarily but are at least 1 years old.

437-02-019-291

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

APR 24 1952

State File No. De52-3091
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Arthur Wells McGown		2. Date Of Birth (month) June (day) 2 (year) 1896
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Idaho Custer; b. City or Town of Birth: Challis.
FATHER	6. Full Name of Father: Arthur McGown		7. State or Country of Father's Birth: Canada.
MOTHER	8. Full Maiden Name of Mother: Adelia Brouillette		9. State or Country of Mother's Birth: Washington.
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Arthur W. McGown	11. Present Address of Registrant: Sunbeam, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: April 9 1952	12. Signature of Notary: John Boyd, Clerk of the Dist. Court By Howard Baxter, Deputy	13. Notary Commission expires: 19

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Honorable Discharge	By whom issued and signed: U. S. Army	Date Issued: July 6, 1919	Date Orig. Entry
Class* B	Date of Birth / Birth Place: 20 yrs 11 months, Challis, Idaho	Full Name of Mother	Name of Father	
SUPPORTING RECORD 2.	Type of Document: Newspaper publication of birth announcement "The Silver Messenger" published by	By whom issued and signed: Halsey H. Gridley.	Date Issued	Date Orig. Entry: June 9, 1896
Class A	Date of Birth / Birth Place: June 2, 1896 Challis, Idaho	Full Name of Mother	Name of Father: Arthur McGown	
SUPPORTING RECORD 3.	Type of Document: Affidavit by	By whom issued and signed: George L. McGown	Date Issued: 8/1/1952	Date Orig. Entry
Class B	Date of Birth / Birth Place: June 2, 1896 Challis, Idaho	Full Name of Mother	Name of Father	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W.W. Benson	Edna Hamilton	Aug. 6, 1952

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

STATE OF IDAHO

CERTIFICATE OF BIRTH

593-21-041-173

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De52-3196
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Rowena Nickell		2. Date of Birth (month) (day) (year): Nov. 21 1896
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Teton; b. City or Town of Birth: Driggs Idaho.
FATHER	6. Full Name of Father: William Washington Nickell		7. State or Country of Father's Birth: Kentucky
MOTHER	8. Full Maiden Name of Mother: Sarah Alice Acton		9. State or Country of Mother's Birth: Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: x Rowena Nickell (Downing)	11. Present Address of Registrant: Longmont Colo.
NOTARY (Seal)	Subscribed and sworn to before me on: JUN 3 1952 19	12. Signature of Notary: Charlotte Moore	13. Notary Commission expires: March 15 1956

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Birth certificate of child	By whom issued and signed: State of Kansas Bureau of Vital Statistics	Date Issued:	Date Orig. Entry: Birth of child 8/30/16
Class* B	Date of Birth: 19 yrs old	Birth Place: Driggs, Idaho	Full Name of Mother:	Name of Father:
SUPPORTING RECORD 2.	Type of Document: Division of Census records	By whom issued and signed: Dollie Lewis	Date Issued: 7/3/52	Date Orig. Entry: Mar. 1, 1925
Class B	Date of Birth: 28 yrs old	Birth Place: Idaho	Full Name of Mother:	Name of Father:
SUPPORTING RECORD 3.	Type of Document: Child's birth certificate	By whom issued and signed: State of Kansas #391169 Bureau of Vital Statistics	Date Issued:	Date Orig. Entry: Feb. 22, 1915
Class B	Date of Birth: 18 yrs old	Birth Place: Idaho	Full Name of Mother:	Name of Father:

QUALIFYING INFORMATION

Rose Ella Nickell Nelson Sister

State of Idaho) Subscribed and sworn to before me this
County of Teton) 12th day of June 1952. M. Miner, Notary Pub[illegible]rs, Idaho

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Mabel Fields	Sept. 3, 1952

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

1. Name of person to be married	2. Date of birth (Month) (Day) (Year)
3. Color or race	4. Place of birth (County)
5. Full name of father	6. Birthplace of father
7. Maiden name of mother	8. Birthplace of mother
9. State or Country of Applicant's birth	10. Signature of Applicant
11. Present Residence of Applicant	12. Present Residence of Witness
13. Subscribed and sworn to before me on	14. Signature of Witness
15. Notary Commission expires	

Date of Issuance

Date of birth as given

Name of Father

Maiden Name of Mother

Date filed

Evidence received by

Date Issued

Name of Father

Date Filed

Name of Mother

Class A Records are those made and dated before the Bureau's current fourth birthday.
Class B Records are those made after the Bureau's current fourth birthday.

415-124-035-231

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. De52-3210
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Nez Perce (b) City Cavendish
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 4 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Nez Perce
   (c) City Cavendish
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 4 yrs.

3. **RESIDENCE OF FATHER** (city, state) Cavendish, Ida.

4. **FULL NAME OF CHILD** Fred Hobart Daniels

5. Date of Birth of Child (Month, day, year) June 24, 1896

6. Sex Male

7. Twin or Triplet —

If so—born 1st, 2nd, 3rd —

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** David H Daniels
11. Color or Race White
12. Age at time of THIS birth 38 yrs.
13. Birthplace Beverly (City or town) West Virginia (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Martha Ellen Stalnaker
17. Color or Race White
18. Age at time of THIS birth 38 yrs.
19. Birthplace Beverly (City or town) West Virginia (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None
23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living 8

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

State of Idaho
County of Clearwater } ss.

I, the undersigned, being first duly sworn, say that I am the Brother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 72 years of age, that I have known this person for 56 years, and that Doc. (First name) Jess Fugitt (Last name), who attended this birth, is Dead (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Warner Daniels Signature

Lpt. Kane Wash. P. O. Address

Subscribed and sworn to before me this 2 day of Sept., 1952

(SEAL)

Frank G. Smith, Notary Public, residing at Orofino Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Sept. 4, 1952 by W. W. Benson, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

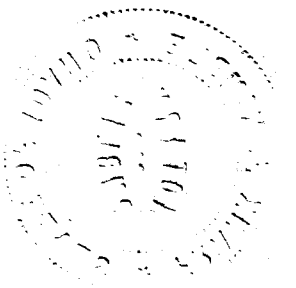
Form DPH-51130

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

SEP 8 1952



DELAYED

231-222-004-155

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

RECEIVED OCT 6 1952 DIVISION OF VITAL STATISTICS

State File No. De52 3320
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Lydia Viola Blade		2. Date of Birth: July 22 1896	
	3. Color or Race: white	4. Sex: F	5. Place of Birth: Ida. a. County: Bear Lake	b. City or Town of Birth: St. Charles
FATHER	6. Full Name of Father: John Axel Blade		7. State or Country of Father's Birth: Stockholm, Sweden	
MOTHER	8. Full Maiden Name of Mother: Josephine Cecelia Jensen		9. State or Country of Mother's Birth: St. Charles, Idaho	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Lydia Viola Blade Wedel	11. Present Address of Registrant: Montpelier, Idaho	
NOTARY (Seal)	Subscribed and sworn to before me on: October 3rd, 1952	12. Signature of Notary: Ruth Aland	13. Notary Commission expires: RUTH ALAND Notary Public Montpelier, Idaho My Commission Expires March 6, 1956 19	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1. Class* A	Type of Document: Bible record	By whom issued and signed:	Date Issued:	Date Orig. Entry: July 22, 1896
	Date of Birth: July 22, 1896	Birth Place:	Full Name of Mother:	Name of Father:
SUPPORTING RECORD 2. Class B	Type of Document: Certificate of Baptism	By whom issued and signed: L.D.S. Church, Lyman C. Berrett	Date Issued: 9/22/52	Date Orig. Entry: July 24, 1904
	Date of Birth: July 22, 1896	Birth Place: St. Charles, Ida.	Full Name of Mother: Josephine Jensen	Name of Father: John A. Blade
SUPPORTING RECORD 3. Class B	Type of Document: Application for Insurance	By whom issued and signed: Business Men's Assurance Co. of America	Date Issued: Aug. 30, 1934	Date Orig. Entry:
	Date of Birth: July 22, 1896	Birth Place: St. Charles, Ida.	Full Name of Mother:	Name of Father:
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: Elsie Hamilton	Date Filed: Oct. 7, 1952

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

CERTIFICATE OF BIRTH

1. Place of birth: Lyria Vista Blade
2. Full name of child: Josephine Cecelia Jensen
3. Sex: White
4. Date of birth: July 22 1896
5. Place of birth: St. Charles, Idaho
6. Name of father: John Axel Blade
7. Birthplace of father: Stockholm, Sweden
8. Name of mother: Cecelia Jensen
9. Birthplace of mother: St. Charles, Idaho
10. Present address of informant: Montpelier, Idaho
11. Signature of informant: Cecelia Jensen Blade
12. Date filed: October 3rd, 1896
13. Notary Commission expires

Notary Public

Type of Document: Title Record
Date of Birth Place
Full Name at Birth
Date Issued
Name of Father

Certificate of Certain
Date of Birth Place
Full Name at Birth
Date Issued
Name of Father

Application for Insurance
Date of Birth Place
Full Name at Birth
Date Issued
Name of Father

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar

533-205-040-533

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De52 3372
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: ELLIOTT, ELVA ELEANORE
2. Date of Birth (month) (day) (year): MAY 5 1896
3. Color or Race: WHITE
4. Sex: FEMALE
5. Place of Birth a. County: WARDNER IDAHO
b. City or Town of Birth: WARDNER IDAHO

FATHER

6. Full Name of Father: JOHN HESS ELLIOTT
7. State or Country of Father's Birth: PENN. U.S.A.

MOTHER

8. Full Maiden Name of Mother: NETTIE FLORENCE ELLIOTT
9. State or Country of Mother's Birth: IOWA. U.S.A.

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Elva E. Patterson
11. Present Address of Registrant: 3434 MARINE DR WEST VANCOUVER BC.

NOTARY (Seal)

Subscribed and sworn to before me on: 2nd day of Sept. 1952

12. Signature of Notary: J. A. Rowding
13. Notary Commission expires: ~~[illegible]~~ Perpetual

APPLICANT—DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Census record	Dominion Bureau of Statistics Ottawa, Canada	3/11/52	June 1, 1911

Class* B

Date of Birth	Birth Place	Full Name of Mother	Name of Father
May 1896	U.S.A.		

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Marriage License	Department of Health and Welfare Victoria, B. C., Canada	10/6/52	Married on July 17, 1918

Class B

Date of Birth	Birth Place	Full Name of Mother	Name of Father
22 yrs old	Wardner, Ida., U.S.A.	Nettie Florence Faris	John Hess Elliott

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Affidavit	Effie M. Emerick	10/7/52	

Class B

Date of Birth	Birth Place	Full Name of Mother	Name of Father
May 5, 1896	Idaho	Nettie Elliott	John HessEllott

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Edna Hamilton	Oct. 20, 1952

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

WHITE FEMALE WARDNER IDAHO

JOHN HOPP ELLIOTT

METTIE FOSTER ELLIOTT

692-205-022-631

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

Department of Public Health
Division of Vital Statistics
Boise, Idaho

State File No. De52-3394
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Oscar Christian Fikstad	2. Date Of Birth (month) July (day) 5 (year) 1896	
	3. Color or Race: White	4. Sex: Male	5. Place of Birth: a. County: Idaho Fremont; b. City or Town of Birth: Rexburg.
FATHER	6. Full Name of Father: Oscar Fikstad	7. State or Country of Father's Birth: Fredrickstad Norway	
MOTHER	8. Full Maiden Name of Mother: Emma Katherene Olareson	9. State or Country of Mother's Birth: Solberg Norway.	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Oscar Christian Fikstad	11. Present Address of Registrant: 1230 west 88th St Los angeles 44 Cal.
NOTARY (Seal)	Subscribed and sworn to before me on: August 28 1952	12. Signature of Notary: Dean Cook	13. Notary Commission expires: 12/11 1953

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Church Record	By whom issued and signed: LeGrand Richards, Bishop	Date Issued: 9/10/52	Date Orig. Entry:
Class* B	Date of Birth: July 5, 1896	Birth Place:	Full Name of Mother:	Name of Father:
SUPPORTING RECORD 2.	Type of Document: Affidavit	By whom issued and signed: Joseph Struhns	Date Issued: 8/28/52	Date Orig. Entry:
Class B	Date of Birth: July 5, 1896	Birth Place: Rexburg, Idaho	Full Name of Mother:	Name of Father:
SUPPORTING RECORD 3.	Type of Document: Affidavit by	By whom issued and signed: Harriet Snell	Date Issued: Oct. 7, 1952	Date Orig. Entry:
Class B	Date of Birth: July 5, 1896	Birth Place: Rexburg, Idaho	Full Name of Mother: Emma Katherene Olaveson	Name of Father: Oscar Fikstad
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: Mabel Freeman	Date Filed: Oct. 24, 1952

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

OCT 24 1962

PERSON	4. Full name of person	7. State or Country of Mother's Birth
MOTHER	5. Full Maiden name of Mother	8. State or Country of Father's Birth
AFFIDAVIT	I hereby declare and affirm that the above statements are true to the best of my knowledge and belief	9. Signature of Affiant
NOTARY (Seal)	Subscribed and sworn to before me on	10. Signature of Notary

RECORDING	Type of Case Work	By whom Issued and Signed	Date Issued
	Church Record	Lorrand Richards, Bishop	6/13/62
	Date of Birth, Birth Place	Full Name of Mother	Name of Father
	July 5, 1880 Maximo, Idaho	Joseph Simms	6/29/62
SUPPORTING DOCUMENTS	Type of Document	By whom Issued and Signed	Date Issued
	Affidavit	Junior Neil	6/29/62
	Date of Birth, Birth Place	Full Name of Mother	Name of Father
	July 5, 1880, Maximo, Idaho	Anna Katherine Simms	Henry Simms

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been received which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Name Typed by	Date Filed
R. Simpson		Oct. 24, 1962

314-118-026-218

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. D52 3486
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Herbert Earl Campbell
2. Date of Birth (month) (day) (year): February 18 1896
3. Color or Race: White
4. Sex: Male
5. Place of Birth a. County: Rigby, Jefferson, Idaho.
b. City or Town of Birth: Rigby, Idaho.

FATHER

6. Full Name of Father: Thomas Jefferson Campbell
7. State or Country of Father's Birth: Weber County, Utah.

MOTHER

8. Full Maiden Name of Mother: Elizabeth Jane Sayer
9. State or Country of Mother's Birth: Utah.

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.
10. Signature of Registrant: Herbert Earl Campbell
11. Present Address of Registrant: 201 H. St. Idaho Falls, Idaho.

NOTARY (Seal)

Subscribed and sworn to before me on: 12th Sept. 1952
12. Signature of Notary: George M. Larsen
13. Notary Commission expires: Dec. 12, 1955

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Class* A

Type of Document	By whom issued and signed	Date issued	Date Orig. Entry
L. D. S. Church) Photostatic Family record) copy submitted	Examined by Feroge L. Jensen Notary Public for Idaho.	Examined on 11/21/52	Feb. 18, 1896

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Feb. 18, 1896	Rigby, Idaho		

SUPPORTING RECORD 2.

Class B

Type of Document	By whom issued and signed	Date issued	Date Orig. Entry
School record Joint Class A School Dist. 251	Mr. Wilmer Kinghorn, Principal Elementary School, Rigby, Ida.	9/12/52	Entered school in 1902

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Feb. 18, 1896	Rigby, Idaho		

SUPPORTING RECORD 3.

Class

Type of Document	By whom issued and signed	Date issued	Date Orig. Entry

Date of Birth	Birth Place	Full Name of Mother	Name of Father

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Edna Hamilton	Nov. 24, 1952

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

NOV 24 1952

219-22-002-419

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De52 3572
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Hazel Elsie Bailey			2. Date Of Birth (month) (day) (year): Oct 22 1896
	3. Color or Race: white	4. Sex: F	5. Place of Birth a. County: Adams; Indian Valley Idaho	b. City or Town of Birth: Indian Valley Idaho
FATHER	6. Full Name of Father: Jeff Davis Bailey			7. State or Country of Father's Birth: Mitchle Oregon
MOTHER	8. Full Maiden Name of Mother: Nellie Mae Marksbury			9. State or Country of Mother's Birth: Arkansas
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Hazel E. Baldwin	11. Present Address of Registrant: Indian Valley, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: August 2 1952		12. Signature of Notary: [illegible]	13. Notary Commission expires: April 28 1956

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by Aunt	By whom issued and signed: Nettie McDowell	Date Issued: Aug. 23, 1952	Date Orig. Entry:
Class* B	Date of Birth / Birth Place: Oct. 22, 1896, Indian Valley,	Full Name of Mother: IdahoNellie Mae Marksbury	Name of Father: Jeff Davis Bailey	
SUPPORTING RECORD 2.	Type of Document: Affidavit by	By whom issued and signed: Harrison P. Ware	Date Issued: 11/13/52	Date Orig. Entry:
Class B	Date of Birth / Birth Place: Oct.22,1896 Indian Valley	Full Name of Mother: Nellie Mae Marksbury	Name of Father: Jeff Davis Bailey	
SUPPORTING RECORD 3.	Type of Document: Affidavit by	By whom issued and signed: Thomas Hutchison	Date Issued: 11/24/52	Date Orig. Entry:
Class B	Date of Birth / Birth Place: Oct. 22, 1896 Indian Valley	Full Name of Mother: Nellie Mae Marksberry	Name of Father: Jeff Davis Bailey	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: Edna Hamilton	Date Filed: Dec. 17, 1952

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH

JAN 8 1953

Clerk's Receipt No. 22 3272

Local Reg. No.

Reg. Dist. No.

REGISTRANT — 1. Name of child (if any) — 2. Date of birth (month) (day) (year) — Oct 22 1952

Certificate to be mailed to

PARENTS — 5. Full name of father — 6. Full maiden name of mother

RESIDENCE — 7. Usual residence of parents — 8. Color or race of father — 9. Color or race of mother

AFFIDAVIT — 10. Birthplace of father — 11. Age of father at last birthday — 12. Birthplace of mother — 13. Age of mother at last birthday

I swear that the foregoing statements are true to the best of my knowledge and belief.

MATERNITY (Check one) — Subscribed and sworn to before me on — 14. Signature of Notary — 15. Address (Give number, street, city, county, and State)

967-218 604-133

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. Da53 122
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Mae Emma Rogers.		2. Date Of Birth (month) Sept. (day) 18th (year) 1896
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Bear Lake; b. City or Town of Birth: Montpelier Idaho.
FATHER	6. Full Name of Father: George Stenhouse Rogers.		7. State or Country of Father's Birth: Southhampton England.
MOTHER	8. Full Maiden Name of Mother: Elizabeth Atterton		9. State or Country of Mother's Birth: London England.
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Mrs. Mae E. Carruthers	11. Present Address of Registrant: 6584 Provence Rd. San Gabriel, Calif.
NOTARY (Seal)	Subscribed and sworn to before me on: Jan 27 1953	12. Signature of Notary: Maurice Lee	13. Notary Commission expires: Sept 29 1954

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Certificate of Baptism	L. D. S. Church, by Taft P. Budge, Bishop	9/23/48	Baptized on May 6, 1907
Class* B	**Date of Birth / Birth Place**	**Full Name of Mother**	**Name of Father**	
	Sept. 18, 1896 Montpelier, Ida.	Elizabeth Atterton	George S. Rogers	
SUPPORTING RECORD 2.	Affidavit by father	George S. Rogers	7/13/36	
Class B	Sept. 18, 1896 Montpelier, Ida.		George S. Rogers	
SUPPORTING RECORD 3.	Application for Insurance	Metropolitan Life Insurance Company	Policy dated July 1, 1946	Application on June 14, 1946
Class B	Sept. 18, 1896 Montpelier, Idaho			
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Edna Hamilton	Feb. 9, 1953

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

FEB 9 1965

.249-124-025-296

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De53 153
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: NEIL BROWN SMITH
2. Date of Birth (month) July (day) 24 (year) 1896
3. Color or Race: White
4. Sex: male
5. Place of Birth: a. County: Idaho; b. City or Town of Birth: Mt. Idaho

FATHER

6. Full Name of Father: Lee Smith
7. State or Country of Father's Birth: Oregon

MOTHER

8. Full Maiden Name of Mother: Daisy Brown
9. State or Country of Mother's Birth: Idaho

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Neil Brown Smith
11. Present Address of Registrant: 528 So. State St. Grangeville, Idaho

NOTARY (Seal)

Subscribed and sworn to before me on October 23 19 52

12. Signature of Notary: Paul G. Eimers
13. Notary Commission expires: February 25 19 54

APPLICANT — DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Bible record of births	Bible and true copy examined by Paul G. Eimers, Notary Public		July 24, 1896
Class* A	Date of Birth: July 24, 1896 — Birth Place: Mount Idaho	Full Name of Mother	Name of Father	
SUPPORTING RECORD 2.	Type of Document: Letter re Policy No. 10 591 656	By whom issued and signed: New York Life Insurance Co. W. H. Walsh, Superintendent	Date Issued: 11/3/52	Date Orig. Entry: Policy issued March 29, 1929
Class B	Date of Birth: July 24, 1896 — Birth Place: Mt. Idaho, Idaho	Full Name of Mother: Daisy P. Smith	Name of Father: Lee Smith	
SUPPORTING RECORD 3.	Type of Document: Affidavit by Mother	By whom issued and signed: Daisy P. Smith	Date Issued: 10/23/52	Date Orig. Entry
Class B	Date of Birth: July 24, 1896 — Birth Place: Mt. Idaho, Idaho	Full Name of Mother: Daisy B. Smith	Name of Father: Lee Smith	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Edna Hamilton	Feb. 12, 1953

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH

FEB 13 1953

965-111-033-214

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De53-205
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: George Gottlieb Ronnenkamp
2. Date of Birth (month) (day) (year): November 11 1896
3. Color or Race: White
4. Sex: Male
5. Place of Birth: ******* Idaho
a. County: Madison
b. City or Town of Birth: Hibbard

FATHER

6. Full Name of Father: George G. Ronnenkamp
7. State or Country of Father's Birth: Auf Fehmarn, Germany

MOTHER

8. Full Maiden Name of Mother: Babette Bauer
9. State or Country of Mother's Birth: Kutfer, Germany

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.
10. Signature of Registrant: George G. Ronnenkamp
11. Present Address of Registrant: Route 2, Layton, Utah

NOTARY (Seal)

Subscribed and sworn to before me on OCT 13 1952 19
12. Signature of Notary: Ferd Doak
13. Notary Commission expires: My Commission Expires March 4, 1956
Residing at Layton, Utah

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document: Certificate of Baptism & Confirmation
By whom issued and signed: L. D. S. Church
Date Issued:
Date Orig. Entry: June 2, 1906
Date of Birth: Nov. 11, 1896
Birth Place: Hibbard, Idaho
Full Name of Mother:
Name of Father:
Class* B

SUPPORTING RECORD 2.

Type of Document: Certificate of Ordination
By whom issued and signed: L. D. S. Church
Date Issued:
Date Orig. Entry: Feb. 23, 1913
Date of Birth: Nov. 11, 1896
Birth Place: Hibbard, Idaho
Full Name of Mother: Babette Bauer
Name of Father: Geo. Ronnenkamp
Class B

SUPPORTING RECORD 3.

Type of Document: Affidavit by mother
By whom issued and signed: Babette Ronnenkamp
Date Issued: Oct. 13, 1952
Date Orig. Entry:
Date of Birth: Nov. 11, 1896
Birth Place: Hibbard, Idaho
Full Name of Mother:
Name of Father:
Class B

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: W. W. Benson
Evidence reviewed by: Mabel Fleck
Date Filed: Feb. 27, 1953

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

FEB 27 1958

1. Place of Birth	2. Registered No.	3. Date of Birth	
		November 13 1906	
4. Sex	5. Color or Race	6. Age (In years)	
Male	White		
7. Full Name of Child			
George D. Gillespie Pomeroy			
8. Date and Place of Birth (Month, Day, Year; City, County, State)			
Nov. 13, 1906, Malad, Idaho			
9. Father's Full Name		10. Father's Color or Race	11. Father's Age at Last Birthday
George D. Pomeroy		White	
12. Father's Birthplace (State or Country)		13. Father's Occupation	
Australia		Laborer	
14. Mother's Full Maiden Name		15. Mother's Color or Race	16. Mother's Age at Last Birthday
Mary Gillespie		White	
17. Mother's Birthplace (State or Country)			
Scotland			
18. Informant's Name and Address			
Mary Pomeroy, Malad, Idaho			
19. Signature of Informant		20. Date Signed	
Mary Pomeroy		Nov. 13, 1906	
21. Name and Address of Physician or Midwife			
Dr. W. H. Johnson, Malad, Idaho			
22. Date Received by Registrar		23. Registrar's Signature	
Nov. 13, 1906		W. H. Johnson	

I hereby certify that the above is a true and correct copy of the certificate of birth of the person named therein, as filed in the office of the State Registrar of Vital Statistics, Boise, Idaho.

Issued at Boise, Idaho, this 25th day of February, 1958.

Registrar of Vital Statistics

By [illegible]

557-10-001-863

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De53-206
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: HENRY EDWARD ENGSTROME
2. Date of Birth: (month) June (day) 10 (year) 1896
3. Color or Race: white
4. Sex: Male
5. Place of Birth: a. County: Idaho — Ada County; b. City or Town of Birth: Boise, Idaho

FATHER

6. Full Name of Father: Perry Engstrome
7. State or Country of Father's Birth: Sweden

MOTHER

8. Full Maiden Name of Mother: Addie Lee Holtman
9. State or Country of Mother's Birth: Booneville, Missouri

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Henry Edward Engstrome
11. Present Address of Registrant: 110 South 8th Boise, Idaho

NOTARY (Seal)

Subscribed and sworn to before me on: February 27 1953
12. Signature of Notary: Barbara Hargrave
13. Notary Commission expires: June 15 1954

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Honorable Discharge	United States Army	Mar 11 1919	Aug 9, 1918

Class* B

Date of Birth	Birth Place	Full Name of Mother	Name of Father
22 yrs old	Boise, Idaho		

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Family Bible Record	Addie Engstrome	June of 1896	June of 1896

Class A

Date of Birth	Birth Place	Full Name of Mother	Name of Father
June 10, 1896	Boise, Idaho	Addie Lee Holtman	Perry Maurice Engstrome

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry

Class

Date of Birth	Birth Place	Full Name of Mother	Name of Father

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Eva Karnes	Feb 27, 1953

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

FEB 27 1953

1. Name of child (First)	(Middle)	(Last)	
ANITA	EDWARD	BRISBROOK	
2. Sex	3. Color or race	4. Date of birth (Month)	(Day)	(Year)
Male	White	June	10	1896
5. Place of birth (City or town)	(County)	6. Country if not in U.S.A.
Idaho	Ada County	
7. Full maiden name of mother		8. Age at time of birth of child
Perry Bregstrom		
9. Birthplace of mother (State or country)		10. Usual residence of mother
Spokane		Boise, Idaho
11. Full name of father		12. Age at time of birth of child
Addie Joe Bottman		
13. Birthplace of father (State or country)		14. Usual residence of father
Boonesville, Missouri		110 South 5th Boise, Idaho
15. Occupation of father		16. Age at time of birth of child
Laborer		
17. Name and address of informant		18. Relationship to child
Perry Bregstrom 110 South 5th Boise, Idaho		Mother
19. Date certificate filed		
Feb 27, 1953		

I hereby certify that the above birth certificate was found in the Division of Vital Statistics for this registrant and that documentary evidence has been received which substantiates the data as set forth in the foregoing abstract.

State Registrar	Evidence received by	Date filed
W. W. Dobson	Iva Burton	Feb 27, 1953

183-213-022-389

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De53 217
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Evalyn Ayling			2. Date of Birth (month) February (day) 13th (year) 1896
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Fremont	b. City or Town of Birth: Rexburg, Idaho
FATHER	6. Full Name of Father: Christian Ayling			7. State or Country of Father's Birth: Denmark
MOTHER	8. Full Maiden Name of Mother: Mary Elizabeth Christensen			9. State or Country of Mother's Birth: Denmark
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Evalyn Ayling Griffin		11. Present Address of Registrant: 5027 N. Albina, Portland, Oregon
NOTARY (Seal)	Subscribed and sworn to before me on 1953 19	12. Signature of Notary: [signature]		13. Notary Commission expires: NOTARY PUBLIC FOR OREGON My Commission Expires May 29, 1955

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by sister	By whom issued and signed: Karen Elizabeth Ayling Jensen	Date Issued: 1/15/53	Date Orig. Entry:
Class* B	Date of Birth: Feb. 13, 1896 Birth Place: Rexburg, Idaho	Full Name of Mother: Mary Elizabeth Christensen	Name of Father: Christian Ayling	
SUPPORTING RECORD 2.	Type of Document: Letter re application for insurance	By whom issued and signed: Metropolitan Life Ins. Co.	Date Issued: 3/19/52	Date Orig. Entry: Application on Jan. 12, 1927
Class B	Date of Birth: 31 yrs old next birthday Birth Place:	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 3.	Type of Document: School record Class A	By whom issued and signed: School Dist. No. 25, Pocatello Leona Roberts, Secretary	Date Issued: 2/25/53	Date Orig. Entry:
Class B	Date of Birth: Feb. 13, 1896 Birth Place:	Full Name of Mother:	Name of Father: C. Ayling	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W.W. Benson	Evidence reviewed by: Edna Hamilton	Date Filed: March 2, 1953

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

MAR 10 1953

REGISTRAR

1. Registrar's No. 2. Usual residence of mother (Where mother lives now) Give street address or location

3. Date of birth (Month) (Day) (Year)

March February 1953

4. City or town of birth 5. If not in hospital or institution, give street address or location 6. County of birth

White Female Fremont Parkline, Idaho

PERSON

7. Full name of child (If none, so state) 8. Sex 9. Color or race 10. If twin or triplet, state which 11. Date of birth (Month) (Day) (Year)

Christian Ayline

MOTHER

12. Full maiden name of mother 13. Color or race 14. Age at last birthday 15. Birthplace (State or country)

Mary Christensen Denmark

16. Residence at time of birth, if different from place of birth 17. Number of this child born to this mother, including stillbirths 18. Date last child was born (Month) (Day) (Year)

Same as #4 1st

AFFIDAVIT

19. I hereby swear (or affirm) that the facts stated by me above are true to the best of my knowledge and belief. 20. Signature of informant 21. Address of informant

Subscribed and sworn to before me this 5th day of March, 1953 Mary Christensen Parkline, Idaho

22. Signature of Notary 23. Address of Notary

Notary Public

RECORD

24. Date of Document 25. Date Issued 26. Date Orig. Entry

Affidavit for Delayed Birth Record

27. Name of Mother 28. Maiden Name of Mother 29. Name of Father

Mary Christensen

RECORD

30. Date of Birth 31. Birth Place 32. Type of Document 33. Date Issued 34. Date Orig. Entry

Feb. 15, 1953 Fremont Fremont Co. Idaho Delayed Birth Record 3/25/53

35. Name of Father 36. Maiden Name of Mother 37. Place of Marriage 38. Date of Marriage

Christian Ayline Mary Christensen Denmark 3/25/53

CERTIFICATION

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the preceding statement.

Name of Registrar (Legal) Evidence reviewed by Date Filed

W.W. Tenson Edna Jamison March 5, 1953

318-205-016-452

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De53 221
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Clara Myrtle Taylor		2. Date Of Birth (month) (day) (year): August 5 – 1896
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Almo, Cassia; b. City or Town of Birth: Almo
FATHER	6. Full Name of Father: Harry Taylor		7. State or Country of Father's Birth: Utah
MOTHER	8. Full Maiden Name of Mother: Anna Belle Meking		9. State or Country of Mother's Birth: Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Clara Myrtle Taylor Reynolds	11. Present Address of Registrant: Castleford, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: January 31 1953	12. Signature of Notary: Hence	13. Notary Commission expires: Jan 1 1956

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Application for insurance	By whom issued and signed: Beneficial Protective Assn	Date Issued:	Date Orig. Entry: March 26, 1937
Class* B	Date of Birth: Aug. 5, 1896	Birth Place:	Full Name of Mother:	Name of Father:
SUPPORTING RECORD 2.	Type of Document: Southern Idaho College of Education record	By whom issued and signed: Letter by C. E. Simonsen, Registrar	Date Issued: 1/14/53	Date Orig. Entry:
Class B	Date of Birth: Aug. 5, 1896	Birth Place: Almo, Idaho	Full Name of Mother:	Name of Father:
SUPPORTING RECORD 3.	Type of Document: Affidavit by father	By whom issued and signed: Harry Taylor	Date Issued: 2/26/53	Date Orig. Entry:
Class B	Date of Birth: Aug. 5, 1896	Birth Place: Almo, Idaho	Full Name of Mother: Anna Belle Meking	Name of Father: Harry Taylor
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	W. W. Benson	Mar. 4, 1953

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

APR 23

REGISTRANT

(Person whose birth is being registered)

1. Name at birth

2. Date of Birth (month) (day) (year)

3. City or Town of Birth

4. County

5. State or Country of Birth

MOTHER

6. Full Maiden Name of Mother

7. State or Country of Mother's Birth

8. Full Name of Husband

9. State or Country of Husband's Birth

AFFIDAVIT

10. Signature of Applicant

11. Present Address of Applicant

NOTARY

12. Signature of Notary

13. Notary Commission expires

Subscribed and sworn to before me on

19

Type of Document

By whom issued and signed

Date issued

Date Orig. Entry

Date of Birth Birth Place

Full Name of Mother

Name of Father

Class B

Apr. 5, 1955 Ada, Idaho

Affidavit by Doctor

Henry Taylor

2/25/53

Class F

Apr. 5, 1955 Ada, Idaho

Anna Bella Taylor

Henry Taylor

REGISTRAR'S CERTIFICATION

(Seal)

I hereby certify that my prior birth certificate has been found on the Division of Vital Statistics and that registrant and that documentary evidence has been reviewed which substantiates the facts as set forth in the foregoing affidavit.

State Registrar

W. W. Benson

Evidence reviewed by

W. W. Benson

Date Filed

Mar. 4, 1953

Class A Records are those made one dated before the first (month) (day) (year)

Class B Records are those made after the first (month) (day) (year)

551-215-025-245

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De53-262
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Evelyn Annis Evans
2. Date of Birth (month) 1 (day) 15 (year) 1896
3. Color or Race: White
4. Sex: F
5. Place of Birth a. County: Cottonwood
b. City or Town of Birth: Cottonwood - Idaho

FATHER

6. Full Name of Father: Abraham Lincoln Evans
7. State or Country of Father's Birth: Unknown

MOTHER

8. Full Maiden Name of Mother: Zoe May Bunnell
9. State or Country of Mother's Birth: Calhoun County, Michigan

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Evelyn Annis
11. Present Address of Registrant: 1302 Ridenbaugh St., Boise

NOTARY (Seal)

Subscribed and sworn to before me on March 5 19 53

12. Signature of Notary: Virgil H Tucker
13. Notary Commission expires: June 13 1955

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document: Employment record
By whom issued and signed: Idaho Candy Company, by A. C. Hansen, Sec-Treas.
Date Issued:
Date Orig. Entry: Employed on Sept. 2, 1942
Date of Birth: Jan. 15, 1896
Birth Place: Cottonwood, Idaho
Full Name of Mother:
Name of Father:
Class* B

SUPPORTING RECORD 2.

Type of Document: Child's Birth Cert. #129779
By whom issued and signed: Idaho Bureau of Vital Stat.
Date Issued: Filed on 3/31/25
Date Orig. Entry: Child born on Mar. 2, 1925
Date of Birth: 28 yrs old
Birth Place: Idaho
Full Name of Mother:
Name of Father:
Class B

SUPPORTING RECORD 3.

Type of Document: Insurance Policy
By whom issued and signed: Business Men's Assurance Co.
Date Issued: Feb. 3, 1948
Date Orig. Entry:
Date of Birth: Jan. 15, 1896
Birth Place: Cottonwood, Idaho
Full Name of Mother:
Name of Father:
Class B

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: W. W. Benson
Evidence reviewed by: Mabel Fieden
Date Filed: Mch. 16, 1953

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

1 Copy fee.

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

Department of Public Health
Division of Vital Statistics
Boise, Idaho

State File No. _____
Local Reg. No. _____
Reg. Dist. No. _____

CHILD

1. Registered a Full Name at Birth

2. Date of Birth (month) (day) (year)

3. Color or Race 4. Sex

5. Place of Birth a. County b. City or Town of Birth

Cottonwood — Idaho

FATHER

6. Full Name of Father

7. State or Country of Father's Birth

MOTHER

8. Full Maiden Name of Mother

9. State or Country of Mother's Birth

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant

11. Present Address of Registrant

NOTARY (seal)

Subscribed and sworn to before me on

12. Signature of Notary

13. Notary Commission expires

March 8 19 59 June 12 19 65

APPLICANT — DO NOT WRITE BELOW THIS LINE

RECORD IN SUPPORT OF DELAYED BIRTH

Type of Document

By whom issued and signed

Date issued

Date Orig. Entry

Employment record

Idaho Canby Company, by C. Hansen, Sec-Treas.

Employed on Sept. 2, 1942

Date of Birth

Birth Place

Full Name of Mother

Name of Father

SUPPORTING RECORD

Type of Document

By whom issued and signed

Date issued

Date Orig. Entry

Certified Birth Cert. #123779

Idaho Bureau of Vital Stat.

Filed on 3-27-59

Born on Dec. 2, 1939

Class B

Date of Birth Birth Place

Full Name of Mother

Name of Father

28 yrs old Idaho

SUPPORTING RECORD

Type of Document

By whom issued and signed

Date issued

Date Orig. Entry

Insurance Policy

Business Men's Assurance Co.

Feb. 3, 1959

Class _____

Date of Birth Birth Place

Full Name of Insurer

Name of Father

Jan. 1, 1930, Cottonwood, Idaho

QUALIFYING INFORMATION

RESULTS OF INVESTIGATION

Registrant states that no prior birth certificate has been found in the Division of Vital Statistics for this registrant, and that documentary evidence now has been reviewed, which substantiates the facts as set forth in the foregoing statement.

Signature of Registrar

Evidence reviewed by

Date Filed

T. W. Benson

Mar. 30, 1959

*Class A Records are those made before the registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

335-202 004-459

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

Department of Public Health
Division of Vital Statistics
Boise, Idaho

State File No. De53-308
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: FERN XARRISSA CLEVELAND			2. Date of Birth (month) Oct (day) 2nd (year) 1896	
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Idaho Bear Lake.	b. City or Town of Birth: St Charles	
FATHER	6. Full Name of Father: Elmer Charles Cleveland			7. State or Country of Father's Birth: Denver Colorado	
MOTHER	8. Full Maiden Name of Mother: Susie Merkley.			9. State or Country of Mother's Birth: Salt Lake City Utah	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Mrs Fern Xarissa Bell		11. Present Address of Registrant: Route #1 Box 91 Vacaville Cal.	
NOTARY (Seal)	Subscribed and sworn to before me on: February 10th 1953	12. Signature of Notary		13. Notary Commission expires: 12/8/56 19	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of Baptism	By whom issued and signed: L. D. S. Church	Date Issued: May 9, 1907	Date Orig. Entry:
Class* B	Date of Birth / Birth Place: Oct. 2, 1896,	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 2.	Type of Document: Certificate of Marriage	By whom issued and signed: State of Wyoming County of Natrona	Date Issued: Nov. 27, 1915	Date Orig. Entry:
Class B	Date of Birth / Birth Place: 22 yrs old	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 3.	Type of Document: Marriage License	By whom issued and signed: County of Los Angeles Los Angeles, Calif.	Date Issued: Sept. 22, 1922	Date Orig. Entry:
Class B	Date of Birth / Birth Place: 25 years old	Full Name of Mother:	Name of Father:	

QUALIFYING INFORMATION

Affidavit by mother, Susie Cleveland, gives the date of birth as Oct. 2, 1896 in St. Charles, Idaho.

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson		March 26, 1953

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

MAR 26 1958

593110-029-713

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De53-413
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Newell Leon Nickerson

2. Date of Birth: (month) January (day) 10 (year) 1896

3. Color or Race: White

4. Sex: Male

5. Place of Birth: a. County: Idaho Latah; b. City or Town of Birth: Kendrick

FATHER

6. Full Name of Father: Charles Monroe Nickerson

7. State or Country of Father's Birth: Iowa

MOTHER

8. Full Maiden Name of Mother: Effie Elsie Patterson

9. State or Country of Mother's Birth: Iowa

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: N. L. Nickerson

11. Present Address of Registrant: 269 Rome St., S. F., Calif.

NOTARY (Seal)

Subscribed and sworn to before me on APR 21 1953 19

12. Signature of Notary: NOTARY PUBLIC, In and for the City and County of San Francisco, State of California.

13. Notary Commission expires: My Commission Expires June 26, 1954 19

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document: Insurance Policy
By whom issued and signed: Metropolitan Life Insurance Co.
Date Issued: Oct. 7, 1919
Date Orig. Entry: 1919

Class* B

Date of Birth: Jan. 10, 1896
Birth Place: Kendrick, Idaho
Full Name of Mother:
Name of Father:

SUPPORTING RECORD 2.

Type of Document: Honorable Discharge
By whom issued and signed: United States Army
Date Issued: enlisted
Date Orig. Entry: 8-5-1917

Class B

Date of Birth: 21 yrs old
Birth Place: Kendrick, Idaho
Full Name of Mother:
Name of Father:

SUPPORTING RECORD 3.

Type of Document: Chauffeur's License
By whom issued and signed: State of Claifornia
Date Issued: Oct. 11, 1944
Date Orig. Entry:

Class B

Date of Birth: Jan. 10, 1896
Birth Place:
Full Name of Mother:
Name of Father:

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: W. W. Benson
Evidence reviewed by: Mabel Keeper
Date Filed: April 23, 1953

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

NOV 3 1972

APR 23

44-9-130-214-135

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De53-481
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Robert Byrd Murray

2. Date of Birth: (month) October (day) 30 (year) 1896

3. Color or Race: White

4. Sex: Male

5. Place of Birth: a. County: Canyon; b. City or Town of Birth: Caldwell

FATHER

6. Full Name of Father: James William Murray

7. State or Country of Father's Birth: Missouri

MOTHER

8. Full Maiden Name of Mother: Mattie Alexander

9. State or Country of Mother's Birth: Missouri

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Robt B Murray

11. Present Address of Registrant: 7339 S.E. Lincoln St.

NOTARY (Seal)

Subscribed and sworn to before me on Portland, Oregon, Mult. Co. February 19, 1953

12. Signature of Notary: H Haagnon

13. Notary Commission expires: September 11, 1953

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Membership to	International Brotherhood of Electrical Workers	11-27-23	
Class* B	Date of Birth: Oct. 30, 1896 / Birth Place	Full Name of Mother	Name of Father	
SUPPORTING RECORD 2.	School Census	Canyon County School District #28 Caldwell, Idaho		Sept. 21, 1911
Class B	Date of Birth: 14 yrs old / Birth Place	Full Name of Mother	Name of Father	
SUPPORTING RECORD 3.	Child's birth certificate	State of Oregon #3875	7-18-21	12-26-32
Class B	Date of Birth: 36 yrs old / Birth Place: Caldwell, Idaho	Full Name of Mother	Name of Father	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Mabel Peeler	May 12, 1953

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

MAY 17 AM

362-109-029-155

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De53 508
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: John Raymond Tobiason			2. Date of Birth (month) April (day) 9 (year) 1896	
	3. Color or Race: White	4. Sex: Male	5. Place of Birth: Idaho a. County: Latah	b. City or Town of Birth: Moscow	
FATHER	6. Full Name of Father: John Theodore Tobiason			7. State or Country of Father's Birth: Norway	
MOTHER	8. Full Maiden Name of Mother: Minnie Jensen			9. State or Country of Mother's Birth: Norway	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: John Raymond Tobiason		11. Present Address of Registrant: Longview Washington	
NOTARY (Seal)	Subscribed and sworn to before me on: May 18 1953	12. Signature of Notary: Norman M. Soots		13. Notary Commission expires: Jan 14 1957	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1. Class* A	Type of Document: Bible record of birth	By whom issued and signed: Photostatic copy certified to by C. A. Quire, Notary Public	Date Issued: 4/24/53	Date Orig. Entry: April 9, 1896
	Date of Birth: April 9, 1896	Birth Place	Full Name of Mother	Name of Father
SUPPORTING RECORD 2. Class B	Type of Document: School record	By whom issued and signed: Moscow Public Schools L. C. Robinson, Supt.	Date Issued: Mar. 18, 1953	Date Orig. Entry: Sept. 1909
	Date of Birth: April 9, 1896	Birth Place: Moscow, Idaho	Full Name of Mother	Name of Father
SUPPORTING RECORD 3. Class B	Type of Document: Honorable Discharge from U.S.	By whom issued and signed: Military Service	Date Issued	Date Orig. Entry: Enlisted on July 22, 1918
	Date of Birth: 22 yrs old	Birth Place: Moscow, Idaho	Full Name of Mother	Name of Father
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Penson	Edna Hamilton	May 20, 1953

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

MAY 20 1969

1. NAME	2. Sex
3. Date of Birth (Month, Day, Year)	4. Place of Birth (County)
5. Name of Hospital or Institution	6. Full Name of Father
7. Birthplace of Father	8. Maiden Name of Mother
9. Birthplace of Mother	10. Occupation of Father
11. Kind of Business or Industry	12. Signature of Informant
13. Address of Informant	14. Date Filed

I hereby certify that no prior birth certificate has been filed in the Division of Vital Statistics for the above named person and that documentary evidence has been reviewed which substantiates the facts as set forth in the foregoing report.

Signature of Registrar

Date Filed

844-207-004-993

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De53-668
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Asia Humpherys
2. Date Of Birth (month) (day) (year): June 7 1896
3. Color or Race: White
4. Sex: Female
5. Place of Birth: a. County: Bear Lake; b. City or Town of Birth: Paris, Idaho

FATHER

6. Full Name of Father: Hyrum Thomas Humpherys
7. State or Country of Father's Birth: Nottingham England

MOTHER

8. Full Maiden Name of Mother: Caroline Rich
9. State or Country of Mother's Birth: San Benardino, Calif.

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Asia Humpherys Bergeson
11. Present Address of Registrant: 612 East 2nd North Logan, Utah

NOTARY (Seal)

Subscribed and sworn to before me on: July 2 1953
12. Signature of Notary: D. L. Burkett
13. Notary Commission expires: Mar 13 1957

APPLICANT — DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Church Record	L. D. S. Church	Blessed	June 7, 1904
Class* B	Date of Birth / Birth Place: June 7, 1896, Paris, Idaho	Full Name of Mother: Caroline Rich	Name of Father: Hyrum T. Humpherys	
SUPPORTING RECORD 2.	Church Record	L. D. S. Church	Baptized	June 7, 1910
Class B	June 7, 1896, Paris, Idaho	Caroline Rich	Hyrum T. Humphreys	
SUPPORTING RECORD 3.	Insurance Policy	Idaho Mutual Benefit Assoc.	Sept. 1935	
Class B	June 7, 1896, Paris, Idaho			

QUALIFYING INFORMATION

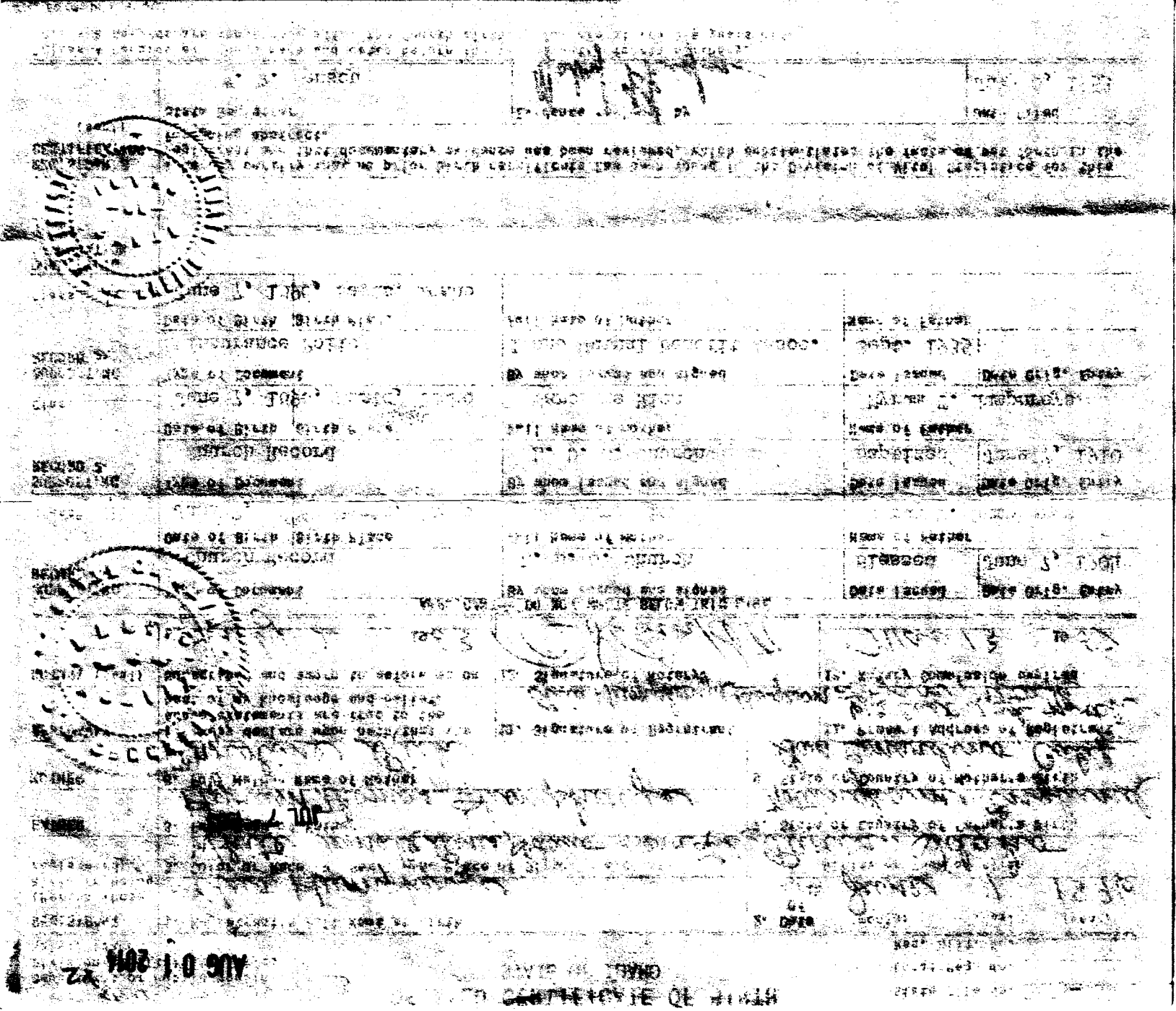
REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	[signature]	July 6, 1953

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067



154-119-022-815

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De53 728
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: ANDREW MARIUS ANDERSON
2. Date of Birth: (month) SEPT (day) 19 (year) 1896
3. Color or Race: white
4. Sex: male
5. Place of Birth: (now Madison) a. County: Fremont; b. City or Town of Birth: Salem

FATHER

6. Full Name of Father: ANDREW A ANDERSON
7. State or Country of Father's Birth: DENMARK

MOTHER

8. Full Maiden Name of Mother: MARIA C HANSEN
9. State or Country of Mother's Birth: DENMARK

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Andrew M Anderson
11. Present Address of Registrant: 710 Hays Boise Idaho

NOTARY (Seal)

Subscribed and sworn to before me on July 29 1953

12. Signature of Notary: Paul Yenne
13. Notary Commission expires: Feb. 8 1956

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Certificate of Blessing	L. D. S. Church, by Joseph Fielding Smith	7/22/53	Entered on record Dec. 6, 1896
Class* A	Date of Birth / Birth Place: Sept. 19, 1896 Salem, Idaho	Full Name of Mother: Maria Hansen	Name of Father: Andrew A. Anderson	
SUPPORTING RECORD 2.	Honorable Discharge	United States Marine Corps	Aug.16,1921	
Class B	Sept. 19, 1896 Salem, Idaho			
SUPPORTING RECORD 3.	University record	Brigham Young University Lucile Spencer, Asst. Registrar	7/16/53	Entered in Summer of 1922
Class B	Sept. 19, 1896			

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Edna Hamilton	July 30, 1953

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

CHILD—FIRST
1. Name of child (If not given, so state)
2. Date of birth (Month) (Day) (Year)
3. Sex
4. Twin, triplet or other (Indicate which)
5. Color or race
6. Place of birth (City or town) (County) (State)
7. Usual residence of parents (State) (County) (City or town) (Street and number)

FATHER
8. Full name of father
9. Age at last birthday (Years)
10. Birthplace (State or foreign country)
11. Color or race
12. Occupation (Kind of work done during most of working life)
13. Industry or business

MOTHER
14. Full maiden name of mother
15. Age at last birthday (Years)
16. Birthplace (State or foreign country)
17. Color or race
18. Number of children born to this mother, including present birth

AFFIDAVIT
I hereby certify that I attended the birth of the child above named on the date stated above, and that the information above given is true to the best of my knowledge and belief.
19. Signature of attendant
20. Address

OATH
Subscribed and sworn to before me on
21. Signature of notary
22. Address
23. Notary commission expires

RECORD OF COURT ACTION
Certificate of Hearing
Date of filing
Name of court
Nature of action
Date of decree

RECORD OF REGISTRAR
Honorable Stephens
Name of Registrar
Date Accepted for Registration
Date Issued
Registered No.

RECORD OF LOCAL REGISTRAR
Date received by Local Registrar
Signature of Local Registrar

RECORD OF STATE REGISTRAR
Date received by State Registrar
Signature of State Registrar

CERTIFICATION OF VITAL STATISTICS
This is to certify that the above is a true and correct copy of the certificate of birth now on file in the Division of Vital Statistics, State Department of Public Health, Boise, Idaho.
Date issued
Signature of Registrar

884-226-028-736

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

Department of Public Health
Division of Vital Statistics,
Boise, Idaho

State File No. De53-776
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: FLOSSIE HYDORN
2. Date Of Birth: (month) May (day) 26 (year) 1896
3. Color or Race: White
4. Sex: F
5. Place of Birth: a. County: Kootenai; b. City or Town of Birth: Near Rathdrum, Idaho

FATHER

6. Full Name of Father: Thomas H. Hydorn
7. State or Country of Father's Birth: New York

MOTHER

8. Full Maiden Name of Mother: Laura Ploughe
9. State or Country of Mother's Birth: Indiana. Iowa.

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: X Flossie Hydorn Carey
11. Present Address of Registrant: Box 2162, Juneau, Alaska

NOTARY (Seal)

Subscribed and sworn to before me on 5—20 1953

12. Signature of Notary: Angela D. Astone
13. Notary Commission expires: NOTARY PUBLIC FOR ALASKA, My Commission Expires Feb. 11, 1955

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date issued	Date Orig. Entry
SUPPORTING RECORD 1. Class* B	Affidavit by older brother	Robert L. Hydörm	May 4, 1953	
	Date of Birth / Birth Place	**Full Name of Mother**	**Name of Father**	
	May 26, 1896 Rathdrum, Idaho	Laura Ploughe Hydorn	Thomas H. Hydorn	
SUPPORTING RECORD 2. Class B	Application for Insurance	Great Western Mutual Assoc.	Aug. 14, 1947	
	Date of Birth / Birth Place	**Full Name of Mother**	**Name of Father**	
	May 26, 1896, Rathdrum, Idaho			
SUPPORTING RECORD 3. Class B	Child's birth certificate	Filed with the Bureau of Vital Statistics, Boise, #105519		Oct. 18, 1922
	Date of Birth / Birth Place	**Full Name of Mother**	**Name of Father**	
	26 yrs old Idaho			

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Walter F. Nelson	Aug. 14, 1953

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

AUG 14 1958

696-128-019-391

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De53-803
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: WILLARD P. FROST
2. Date of Birth (month) (day) (year): September 28 1896
3. Color or Race: White
4. Sex: Male
5. Place of Birth: a. County: Idaho Custer; b. City or Town of Birth: Challis

FATHER

6. Full Name of Father: Charles E. Frost
7. State or Country of Father's Birth: Kansas

MOTHER

8. Full Maiden Name of Mother: Rosa E. Crampton
9. State or Country of Mother's Birth: Kansas

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Willard P. Frost
11. Present Address of Registrant:

NOTARY (Seal)

Subscribed and sworn to before me on August 20 1953
12. Signature of Notary: Mabel Keeler
13. Notary Commission expires: May 7, 1957

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document: Application for Insurance
By whom issued and signed: Occidental Life Insurance Co.
Date Issued:
Date Orig. Entry: May 9, 1935
Class*: B
Date of Birth: Sept. 28, 1896
Birth Place: Challis, Idaho
Full Name of Mother:
Name of Father:

SUPPORTING RECORD 2.

Type of Document: Marriage License
By whom issued and signed: E. J. Michael, Recorder Custer Co., Challis, Idaho
Date Issued:
Date Orig. Entry: May 13, 1919
Class: B
Date of Birth: 22 yrs old
Birth Place:
Full Name of Mother:
Name of Father:

SUPPORTING RECORD 3.

Type of Document: #260608 Birth Certificate of Daughter
By whom issued and signed: Bureau of Vital Statistics
Date Issued: Filed on Apr. 24, 1936
Date Orig. Entry: Child born on Apr. 20, 1936
Class: B
Date of Birth: 40 yrs old
Birth Place: Challis, Idaho
Full Name of Mother:
Name of Father:

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: W. W. Benson
Evidence reviewed by: Edna Hamilton
Date Filed: August 20, 1953

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DECLARED CERTIFICATE OF D...
STATE OF IDAHO

State File No. Def-402
Local Reg. No.
Reg. Dist. No.

1. Date of Death: September 25 1956

2. Place of Death: Idaho (Water)

3. Usual Residence: No fixed abode

4. Date of Birth: [illegible]

5. Age: 60 yrs 1d

6. Birthplace: Idaho

7. Name of Father: Elias I. Frost

8. Birthplace of Father: Kansas

9. Name of Mother: Nancy P. Overpeck

10. Birthplace of Mother: Kansas

11. Informant: [illegible]

12. Present Address of Informant: [illegible]

13. Signature of Informant: [illegible]

14. Notary Commission expires: [illegible]

15. Burial, Cremation or Removal: [illegible]

16. Undertaker: [illegible]

17. Address: [illegible]

18. Filed: [illegible]

DISPOSITION RECORD B

Date of Death: [illegible]

Cause of Death: Application for Insurance

Date Issued: May 9, 1956

Name of Father: [illegible]

Name of Mother: Occidental Life Insurance Co.

Date Reg. Entry: [illegible]

DISPOSITION RECORD B

Date of Death: [illegible]

Cause of Death: Marriage License

Date Issued: May 15, 1939

Name of Father: [illegible]

Name of Mother: Custer Co., Challis, Idaho

Date Reg. Entry: [illegible]

DISPOSITION RECORD B

Date of Death: [illegible]

Cause of Death: Certificate of Baptism #260808 Meth

Date Issued: Child born on Apr. 24, 1926 Apr. 20, 1939

Name of Father: [illegible]

Name of Mother: Bureau of Vital Statistics

Date Reg. Entry: [illegible]

Class B

Certificate

60 yrs 1d Challis, Idaho

I hereby certify that no other birth certificate has been found in the Division of Vital Statistics for this relevant and indispensable evidence has been received, which substantiates the facts as set forth in the foregoing abstract.

Date Registered: [illegible]

Evidence reviewed by: Ona Hamilton

Date Filed: August 20, 1953

Registrar: W. [illegible]

Certificate is void unless seal is impressed. Affix only certified photostat or print.

155-104-036-553

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De53-805
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: LLOYD LEVAUGHN JENSEN			2. Date Of Birth (month) July (day) 4 (year) 1896
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Idaho Oneida County	b. City or Town of Birth: Glendale, Idaho
FATHER	6. Full Name of Father: Lars N. Jensen			7. State or Country of Father's Birth
MOTHER	8. Full Maiden Name of Mother: ~~Laurena~~ Lorena Nelson			9. State or Country of Mother's Birth
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Lloyd Levaughn Jensen		11. Present Address of Registrant: 2934 S. E. 125th-Portland, Ore.
NOTARY (Seal)	Subscribed and sworn to before me on: August 19 1953	12. Signature of Notary: Norma R. Clure		13. Notary Commission expires: May 3 1957

APPLICANT—DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of Ordination	By whom issued and signed: Oswald Christensen, Ward Clerk	Date Issued: 12/30/12	Date Orig. Entry: Baptised 9/30/04
Class* B	Date of Birth / Birth Place: July 4, 1896 Glendale, Idaho	Full Name of Mother: ~~Laurena~~ Nelson	Name of Father: Lars N. Jensen	
SUPPORTING RECORD 2.	Type of Document: Church Record	By whom issued and signed: L. D. S. Church	Date Issued: 8-13-53	Date Orig. Entry: Aug. 6, 1896
Class A	Date of Birth / Birth Place: July 4, 1896, Glendale, Idaho	Full Name of Mother: Laurena Nelson	Name of Father: Larg N. Jensen	
SUPPORTING RECORD 3.	Type of Document:	By whom issued and signed:	Date Issued:	Date Orig. Entry:
Class	Date of Birth / Birth Place:	Full Name of Mother:	Name of Father:	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Mabel Fielder	Aug. 21, 1953

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

CERTIFICATE OF BIRTH

STATE OF IDAHO

1. Place of Birth: Twin Falls County, Idaho
2. Date of Birth: July 4, 1890
3. Sex: Male
4. Color or Race: White
5. Name of Child: Clarence Hudson
6. Twin, Triplet, or Other: No
7. If Illegitimate: No
8. Usual Residence of Parents: Twin Falls, Idaho
9. Occupation of Father: Farmer
10. Age of Father at Last Birthday: 32
11. Birthplace of Father: Illinois
12. Maiden Name of Mother: Mary E. Johnson
13. Birthplace of Mother: Idaho
14. Occupation of Mother: Housewife
15. Number of Children Born to This Mother: 3
16. Number of These Children Living: 2
17. Informant: Mary E. Hudson, Mother
18. Date Filed: July 10, 1890
19. Registrar: W. W. Thompson
20. Date Registered: July 15, 1890

I hereby certify that the above is a true and correct copy of the record of birth filed in the Bureau of Vital Statistics.

Issued: August 24, 1962

W. W. Thompson
State Registrar

853-214-040-236

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
JUN 20 1953
STATE OF IDAHO

State File No. De53-930
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Marguerite Claire Heller		2. Date of Birth (month) (day) (year): August 14 1896
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Shoshone; b. City or Town of Birth: Wallace, Idaho
FATHER	6. Full Name of Father: Frank J. Heller		7. State or Country of Father's Birth: Unkown
MOTHER	8. Full Maiden Name of Mother: Marie Frederica Stockman		9. State or Country of Mother's Birth: Germany
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Marguerite Claire Heller	11. Present Address of Registrant: 8930 S. E. 39th Ave. Portland 22, Oregon
NOTARY (Seal)	Subscribed and sworn to before me on: September 24 1952	12. Signature of Notary: Opal Judd	13. Notary Commission expires: December 26 1953

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Affidavit for Marriage License	Bannock County Recorder	June 23, 1919	
Class* B	Date of Birth / Birth Place: 22 years old,	Full Name of Mother	Name of Father	
SUPPORTING RECORD 2.	School Record	Class A School District		1912-1916
Class B	Date of Birth / Birth Place: Aug. 14, 1896, Wallace, Idaho	Full Name of Mother: Wallace, Idaho Mrs. M. Heller	Name of Father	
SUPPORTING RECORD 3.	Census Record	Bureau of the Census	9/25/53	Census of April 15, 1910
Class B	Date of Birth / Birth Place: 13 yrs old / Idaho	Full Name of Mother	Name of Father	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W.W. Benson	Evidence reviewed by: Edna Hamilton	Date Filed: October 1, 1953

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

JUN 20 1952

1. Name of person on whom record is made (First, middle, last) — Type or print

2. Date of birth (Month, day, year)

3. Sex

4. Place of birth (City or town, county, state)

5. Name of father

6. Birthplace of father (State or foreign country)

7. Maiden name of mother

8. Birthplace of mother (State or foreign country)

9. State or County of Mother's Birth

10. Signature of Petitioner

Address of Petitioner

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

11. Subscribed and sworn to before me on

12. Signature of Notary

13. Notary Commission expires

APPLICANT — DO NOT WRITE IN SPACE THIS LINE

Type of Document

By whom issued and signed

Date issued

Date orig. entry

Date & Birth Birth Place

Full Name of Mother

Maiden Name of Mother

Type of Document

By whom issued and signed

Date issued

Date orig. entry

Date of Birth Birth Place

Full Name of Father

Maiden Name of Father

I hereby certify that no other birth certificate has been found in the Division of Vital Statistics for this person and that documentary evidence has been received, which substantiates the facts as set forth in the above application.

Clerk

By whom received

Date filed

294-208-032-362

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De53 932
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Mary Grace Sims			2. Date of Birth (month) July (day) 8 (year) 1896
	3. Color or Race: W	4. Sex: F	5. Place of Birth a. County: Lincoln	b. City or Town of Birth: Shoshone
FATHER	6. Full Name of Father: John Anderson Sims			7. State or Country of Father's Birth: Idaho
MOTHER	8. Full Maiden Name of Mother: Emma Virginia Coble			9. State or Country of Mother's Birth: Kansas
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Mary Grace Sims	11. Present Address of Registrant: 155 N. Garfield, Pocatello
NOTARY (Seal)	Subscribed and sworn to before me on: June 10 1953		12. Signature of Notary: R. W. Bird	13. Notary Commission expires: Sept. 4 1955

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by parents		By whom issued and signed: John Anderson Sims, Emma Virginia Coble Sims	Date Issued: 6/20/53	Date Orig. Entry:
Class* B	Date of Birth: July 8, 1896	Birth Place: Shoshone, Idaho	Full Name of Mother: Emma Virginia Coble Sims	Name of Father: John Anderson Sims	
SUPPORTING RECORD 2.	Type of Document: School enrollment record		By whom issued and signed: Shoshone Public Schools, Camden B. Meyer, Supt.	Date Issued: 9/23/53	Date Orig. Entry: 1912 - 1913
Class B	Date of Birth: July 8, 1896	Birth Place: Shoshone, Idaho	Full Name of Mother: Emma Virginia Coble Sims	Name of Father: John A. Sims	
SUPPORTING RECORD 3.	Type of Document: Affidavit by older Sister		By whom issued and signed: Galena Sims Blackburn	Date Issued: 9/30/53	Date Orig. Entry:
Class B	Date of Birth: July 8, 1896	Birth Place: Shoshone, Idaho	Full Name of Mother: Emma Virginia Coble Sims	Name of Father: John Anderson Sims	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: Edna Hamilton	Date Filed: October 1, 1953

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

2 Copies issued

DELAYED CERTIFICATE OF BIRTH

STATE OF VIRGINIA

OCT 2

1. Name of person named in this certificate (First, middle, last): Mary Evans

2. Date of birth: July 8, 1895

3. Sex: F

4. Color or race: W

5. Place of birth: Alexandria

6. Full name of father: John Anderson Sims

7. Maiden name of mother: Anna Virginia Colla Sims

8. Birthplace of father: Alexandria, Virginia

9. Birthplace of mother: Alexandria, Virginia

10. Occupation of father: Farmer

11. Occupation of mother: Housewife

12. Present address of applicant: Alexandria, Virginia

13. Relationship of applicant to person named in this certificate: Daughter

14. Signature of applicant: Mary Evans

15. Date signed: October 1, 1938

16. Evidence submitted: Family Bible

17. Evidence reviewed by: Edna Hamilton

18. Date filed: October 1, 1938

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this person and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing affidavit.

Registrar

Subscribed and sworn to before me this 1st day of October, 1938.

Notary Public

My commission expires: January 15, 1942

551-120-036-342

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De53 971
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: John Paul Evans		2. Date of Birth (month) July (day) 20 (year) 1896
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Oneida; b. City or Town of Birth: Malad City
FATHER	6. Full Name of Father: Lorenzo Lloyd Evans		7. State or Country of Father's Birth: Utah
MOTHER	8. Full Maiden Name of Mother: Mathilda Lusk		9. State or Country of Mother's Birth: Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: John Paul Evans	11. Present Address of Registrant: American Falls, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: Oct 17 1953	12. Signature of Notary: W. W. Benson	13. Notary Commission expires: Nov. 17 1954

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1. Class* B	Type of Document: Affidavit re Insurance Policy No. 1004979, and records.	By whom issued and signed: Occidental Life Insurance Co. Jackson C. Brownson, Asst. Sec.	Date Issued: 9/22/53	Date Orig. Entry: Policy issued Sept. 8, 1933	
	Date of Birth: July 20, 1896	Birth Place: Malad, Idaho	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 2. Class B	Type of Document: Naval Reserve Enrollment record # 46401	By whom issued and signed: Certified as true copy of that on file in Power Co., by Hazel Stuart, Clerk, Dist. Ct.	Date Issued: 9/3/53	Date Orig. Entry: Enrolled on ~~Sept. 5, 1918~~	
	Date of Birth: July 20, 1896	Birth Place: Malad, Idaho	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 3. Class B	Type of Document: Affidavit by older Sister	By whom issued and signed: Mrs. G. G. Sweeten	Date Issued: 10/15/53	Date Orig. Entry:	
	Date of Birth: July 20, 1896	Birth Place: Malad, Idaho	Full Name of Mother: Mathilda Lusk Evans	Name of Father: Lorenzo Lloyd Evans	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: Edna Hamilton	Date Filed: Oct. 19, 1953

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

OCT 20 1953

813-213-001-432

Department of Public Health
Division of Vital Statistics
Boise, Idaho

RECEIVED
NOV 25 1953
Division of Vital Statistics

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De53-1072
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Helen Brittan Hall			2. Date of Birth: April 13 1896	
	3. Color or Race: White	4. Sex: Female	5. Place of Birth: a. County: Ada	b. City or Town of Birth: Boise	
FATHER	6. Full Name of Father: Edward W. Hall			7. State or Country of Father's Birth: Illinois	
MOTHER	8. Full Maiden Name of Mother: May Pauline McBride			9. State or Country of Mother's Birth: Iowa	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Helen Brittan Hall	11. Present Address of Registrant: 1050 Lincoln Ave Palo Alto, California	
NOTARY (Seal)	Subscribed and sworn to before me on: November 20 1953		12. Signature of Notary: Jessie R. Calderwood	13. Notary Commission expires: March 30 1957	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of Baptism		By whom issued and signed: St. Michaels, Boise, Idaho	Date Issued: Baptized	Date Orig. Entry: Aug. 2, 1896
Class* A	Date of Birth: Apr. 13, 1896	Birth Place: Boise, Idaho	Full Name of Mother: May Hall	Name of Father: Edward W. Hall	
SUPPORTING RECORD 2.	Type of Document: Affidavit by Aunt		By whom issued and signed: Florence McBride Rose	Date Issued: Nov. 3, 1953	Date Orig. Entry:
Class B	Date of Birth: Apr. 13, 1896	Birth Place: Boise, Idaho	Full Name of Mother: May Pauline McBride	Name of Father: Edward W. Hall	
SUPPORTING RECORD 3.	Type of Document:		By whom issued and signed:	Date Issued:	Date Orig. Entry:
Class	Date of Birth:	Birth Place:	Full Name of Mother:	Name of Father:	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Mabel Fleden	Nov. 24, 1953

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

RECORD OF CERTIFICATE OF BIRTH

STATE OF HAWAII

NOV 27 1950

1. Date of Birth
2. Date of Birth
3. Place of Birth
4. Full Name of Father
5. Place of Birth
6. Full Maiden Name of Mother
7. State or Country of Father's Birth
8. State or Country of Mother's Birth
9. Signature of Informant
10. Signature of Registrar
11. Present Address of Informant
12. Subscribed and sworn to before me on
13. Notary Commission Expires
14. Date Filed
15. Registrar's Signature
16. Date Filed
17. Full Name of Mother
18. Maiden Name of Mother
19. Date Filed
20. Full Name of Father
21. Date Filed
22. Date Filed
23. Full Name of Mother
24. Maiden Name of Mother
25. Date Filed
26. Full Name of Father
27. Date Filed
28. Date Filed
29. Full Name of Mother
30. Maiden Name of Mother
31. Date Filed
32. Full Name of Father
33. Date Filed
34. Date Filed
35. Full Name of Mother
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71. Full Name of Mother
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77. Full Name of Mother
78. Maiden Name of Mother
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80. Full Name of Father
81. Date Filed
82. Date Filed
83. Full Name of Mother
84. Maiden Name of Mother
85. Date Filed
86. Full Name of Father
87. Date Filed
88. Date Filed
89. Full Name of Mother
90. Maiden Name of Mother
91. Date Filed
92. Full Name of Father
93. Date Filed
94. Date Filed
95. Full Name of Mother
96. Maiden Name of Mother
97. Date Filed
98. Full Name of Father
99. Date Filed
100. Date Filed

Class A Records are those which are required to be registered during the first year after birth.
Class B Records are those which are registered after the first year after birth.

413-212-020-695

Department of Public Health
Division of Vital Statistics
Boise, Idaho

RECEIVED
NOV 30 1953
Division of Vital Statistics

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De53-1078
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: CHRISTINA ROSE MACKENZIE
2. Date Of Birth: (month) JULY (day) 12 (year) 1896
3. Color or Race: WHITE
4. Sex: FEM.
5. Place of Birth a. County: GLENNS FERRY — IDAHO
b. City or Town of Birth: GLENNS FERRY — IDAHO.

FATHER

6. Full Name of Father: RODERICK MACKENZIE
7. State or Country of Father's Birth: SCOTLAND

MOTHER

8. Full Maiden Name of Mother: CHRISTINA FINLAYSON
9. State or Country of Mother's Birth: SCOTLAND

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Christina Rose MacKenzie
11. Present Address of Registrant: WATERTON LAKES PARK ALBERTA

NOTARY

Subscribed and sworn to before me on: 2nd June 1953
12. Signature of Notary:
13. Notary Commission expires: at Her Majesty's Pleasure. 19

APPLICANT — DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1. Class* A	Census Record	Dominion Bureau of Statistics Ottawa, Canada	6-9-53	Apr. 1, 1901
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	4 yrs old / United States	Christina McKenzie	Roderick McKenzie	
SUPPORTING RECORD 2. Class B	Certificate of Marriage	Registrar General of Edmonton	married	May 1, 1922
	25 yrs old / Glenns Ferry, Idaho	Alberta, Canada Christina Finlayson	Roderick MacKenzie	
SUPPORTING RECORD 3. Class B	National Registration Records	Dominion Bureau of Statistics Ottawa, Canada	records	for 1940
	July 12, 1896, Glens Ferry			

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Mabel Felton	Nov. 30, 1953

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

493 410-044-693

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De53-1083
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Lester Alferd Milligan
2. Date of Birth (month) December (day) 10, (year) 1896
3. Color or Race: white
4. Sex: male
5. Place of Birth a. County: near Midvale, on Crane Creek, Washington County
b. City or Town of Birth: near Midvale, on Crane Creek

FATHER

6. Full Name of Father: Jesse William Milligan
7. State or Country of Father's Birth: Arkansas

MOTHER

8. Full Maiden Name of Mother: Mary Belle Willburn
9. State or Country of Mother's Birth: Nevada

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Lester Alferd Milligan
11. Present Address of Registrant: Cave Junction, Oregon

NOTARY (Seal)

Subscribed and sworn to before me on November 26 1953

12. Signature of Notary: Jessie M. Fraser Notary Public for Oregon
13. Notary Commission expires: March 7, 1957

APPLICANT — DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1. Class* B	Affidavit to Establish Birth Record by mother	Mary Belle Dymoke	Nov. 27, 1953	
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	December 10 1896 / Midvale, Idaho	Mary Belle Willburn	Jesse William Milligan	
SUPPORTING RECORD 2. Class B	Affidavit to Establish Birth Record by uncle	Ernest C. Milligan	Nov. 30, 1953	
	December 10, 1896 / Midvale, Idaho	Mary Belle Willburn	Jesse William Milligan	
SUPPORTING RECORD 3. Class B	Bible Record	Jessie M. Fraser Notary Public	Nov. 30, 1953	
	December 10 1896 / Midvale, Idaho	Mary Belle Willburn	Jessie William Milligan	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Opal Peterson	Nov. 30, 1953

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

MAR 28 1966

DEC 1 1953

269-208-029-386

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De54 15
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: HAZEL THEODORA BORGEN			2. Date Of Birth (month) June (day) 8 (year) 1896
	3. Color or Race: White	4. Sex: F.	5. Place of Birth a. County: Idaho Latah County	b. City or Town of Birth: Genesee, Idaho
FATHER	6. Full Name of Father: Anton Borgen			7. State or Country of Father's Birth: Oslo, Norway
MOTHER	8. Full Maiden Name of Mother: Rena Thompson			9. State or Country of Mother's Birth: Hardin County, Iowa
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Hazel B. Helland		11. Present Address of Registrant: Box No. 411 — Ft. Benton, Mont
NOTARY (Seal)	Subscribed and sworn to before me on: July 1 1953	12. Signature of Notary: Mabel Keeler		13. Notary Commission expires: May 7 1957

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1. Class* B.	Type of Document: Life Insurance Policy	By whom issued and signed: Western Union Life Ins. Co.	Date Issued: Dec 14, 1920	Date Orig. Entry: 12/14/20
	Date of Birth: 24 yrs old	Birth Place: Genesee, Idaho Latah Co.	Full Name of Mother:	Name of Father: Anton Borgen
SUPPORTING RECORD 2. Class A	Type of Document: Notary Statement re Bible record of birth	By whom issued and signed: Donald E. Springer, Notary Public	Date Issued: 8/17/53	Date Orig. Entry: June 8, 1896
	Date of Birth: June 8, 1896	Birth Place: Genesee, Idaho	Full Name of Mother: Rena Borgen	Name of Father: Anton Borgen
SUPPORTING RECORD 3. Class	Type of Document:	By whom issued and signed:	Date Issued:	Date Orig. Entry:
	Date of Birth:	Birth Place:	Full Name of Mother:	Name of Father:
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Edna Hamilton	Jan. 8, 1953

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

JAN 11 1954

314-120-019-456

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De54-29
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Arthur Millard Lambson
2. Date of Birth (month) (day) (year): July 20th 1896
3. Color or Race: White
4. Sex: male
5. Place of Birth a. County: Custer County
b. City or Town of Birth: Houston Ida.

FATHER

6. Full Name of Father: Alfred B. Lambson
7. State or Country of Father's Birth: Salt Lake City Utah

MOTHER

8. Full Maiden Name of Mother: Amelia Eveline Dewitt
9. State or Country of Mother's Birth: Salt Lake City Utah

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Arthur Millard Lambson
11. Present Address of Registrant: Arco, Idaho

NOTARY (Seal)

Subscribed and sworn to before me on: January 6 1954
12. Signature of Notary: Jarrett B. Adamson
13. Notary Commission expires: Nov 1, 1954

APPLICANT - DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Personnel Record	U. S. Atomic Energy Commission	12-9-49	
Class* B	**Date of Birth** / **Birth Place**: 7-20-96	**Full Name of Mother**	**Name of Father**	
SUPPORTING RECORD 2.	Personnel Report	U. S. Naval Ordance Plant Pocatello, Idaho	12-6-49	
Class B	**Date of Birth** / **Birth Place**: 7-20-96	**Full Name of Mother**	**Name of Father**	
SUPPORTING RECORD 3.	Insurance Policy	American National Insurance Company	Sept. 18, 1939	
Class B	**Date of Birth** / **Birth Place**: July 20, 1896, Houston, Idaho	**Full Name of Mother**	**Name of Father**	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Mary Keegan	Jan. 18, 1954

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

JAN 1 9 1954

864-114-026-132 RECEIVED

Department of Public Health
Division of Vital Statistics
Boise, Idaho

JAN 22 1954
Division of Vital Statistics

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De54-47
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: John Mayhew Homer			2. Date of Birth (month) February (day) 14 (year) 1896	
	3. Color or Race: white	4. Sex: M	5. Place of Birth a. County: Jefferson	b. City or Town of Birth: Rigby, Idaho	
FATHER	6. Full Name of Father: Russell King Homer			7. State or Country of Father's Birth: Salt Lake County, Utah	
MOTHER	8. Full Maiden Name of Mother: Eleanor Atkinson			9. State or Country of Mother's Birth: Utah	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: John Mayhew Homer	11. Present Address of Registrant: 244 Broadway, Idaho Falls, Idaho	
NOTARY (Seal)	Subscribed and sworn to before me on: January 21, 1954		12. Signature of Notary: Emmett E. Gallup	13. Notary Commission expires: June 4, 1957	

APPLICANT -- DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit made as to Bible record and Baptismal certificate		By whom issued and signed: viewed by Emmett E. Gallup, Notary	Date Issued: 1-21-54	Date Orig. Entry
Class* A	Date of Birth: Feb. 14, 1896	Birth Place: Rigby, Idaho	Full Name of Mother	Name of Father	
SUPPORTING RECORD 2.	Type of Document: Child's birth certificate		By whom issued and signed: On file with the Bureau of Vital Statistics, Boise, Ida	Date Issued: 1-2-31	Date Orig. Entry
Class B	Date of Birth: 35 yrs old,	Birth Place: Rigby, Idaho	Full Name of Mother #187906	Name of Father	
SUPPORTING RECORD 3.	Type of Document		By whom issued and signed	Date Issued	Date Orig. Entry
Class	Date of Birth	Birth Place	Full Name of Mother	Name of Father	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: Mabel Fenton	Date Filed: 1-22-54

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

JAN 13 1972

JAN 22 1954

243-203-001-695

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De54 82
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Eva Pearl Sullivan		2. Date of Birth (month) (day) (year): August third 1896
	3. Color or Race: White	4. Sex: female	5. Place of Birth a. County: ~~Boise~~ Ada; b. City or Town of Birth: Boise -Idaho
FATHER	6. Full Name of Father: Edwin R. Sullivan		7. State or Country of Father's Birth: Missouri
MOTHER	8. Full Maiden Name of Mother: Alice Altha Freeman		9. State or Country of Mother's Birth: California
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: + Eva Pearl Corelas	11. Present Address of Registrant: I3I4 North I4th St Boise-Ida
NOTARY (Seal)	Subscribed and sworn to before me on: January-28th 1954	12. Signature of Notary: Okuma	13. Notary Commission expires: 2/28-1956 19

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Ltr re application for Insurance #24 003 Ml	By whom issued and signed: Metropolitan Life Ins. Co. by F. R. Boysen, Asst. Sec.	Date Issued: 7/21/53	Date Orig. Entry: Policy dated Oct. 1, 1927
Class* B	Date of Birth: 31 yrs old; Birth Place: Idaho	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 2.	Type of Document: Application for Employment	By whom issued and signed: Idaho Candy Company, by President, Chas. Adams	Date Issued: 1/25/54	Date Orig. Entry: Employed in Aug. 9, 1943 Also in 1919 to 1933
Class B	Date of Birth: 47 yrs old; Birth Place: Boise, Idaho	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 3.	Type of Document: Affidavit by Mother	By whom issued and signed: Alice A. Sullivan	Date Issued: 1/28/54	Date Orig. Entry:
Class B	Date of Birth: Aug. 3, 1896; Birth Place: Boise, Idaho	Full Name of Mother: Alice Altha Freeman	Name of Father: Edwin R. Sullivan	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Edna Hamilton	Feb. 3, 1954

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

Department of Public Health
Division of Vital Statistics
Boise, Idaho

State File No. [illegible]
Local Reg. No. [illegible]
Reg. Dist. No. [illegible]

REGISTRANT

1. Registrant's Full Name at Birth: [illegible]

2. Date of Birth: (month) August (day) 11th (year) 1920

(Person whose birth is being registered)

3. Color or Race: White
4. Sex: Female
5. Place of Birth: (City) Boise (County) Ada
6. City or Town of Birth: Boise, Idaho

FATHER

7. Full Name of Father: Robert F. Sullivan
8. State or Country of Father's Birth: Missouri

MOTHER

9. Full Maiden Name of Mother: [illegible]
10. State or Country of Mother's Birth: [illegible]

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

11. Signature of Registrant: [illegible]

NOTARY (Seal)

Subscribed and sworn to before me on [illegible] 19 54

12. Signature of Notary: [illegible]

13. My Notary Commission expires: [illegible] 19 56

AFFIDAVIT - DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document: [illegible]
By whom issued and signed: [illegible]
Date Issued: [illegible]

Class [illegible]

Date of Birth: [illegible]
Full Name of Mother: [illegible]
Date of Father: [illegible]

SUPPORTING RECORD 2.

Type of Document: [illegible]
By whom issued and signed: [illegible]
Date Issued: [illegible]

Class [illegible]

Date of Birth: [illegible]
Full Name of Mother: [illegible]
Date of Father: [illegible]

SUPPORTING

Type of Document: [illegible]
By whom issued and signed: [illegible]
Date Issued: [illegible]

Class [illegible]

Date of Birth: [illegible]
Full Name of Mother: [illegible]
Name of Father: [illegible]

REGISTRAR'S CERTIFICATION

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been received which substantiates the facts as set forth in the supporting affidavit.

Date Registered: [illegible]
Evidence received by: [illegible]
Date Filed: Feb. 3, 1954

"Class A" evidence are those made and dated before the registrant's fourth birthday.
Class B "Evidence" are those made after the fourth birthday, but are at least 5 years old.

279-122-029-251

Department of Public Health
Division of Vital Statistics
Boise, Idaho

RECEIVED
FEB 8 - 1954
Division of Vital Statistics

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. D54 105
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Joseph Christian Roy Spitler
2. Date of Birth (month) (day) (year): JAN. 22 1896
3. Color or Race: White
4. Sex: MALE
5. Place of Birth a. County: Latah
b. City or Town of Birth: NEAR Moscow.

FATHER

6. Full Name of Father: Amos Spitler
7. State or Country of Father's Birth: Montgomery Co. Ohio

MOTHER

8. Full Maiden Name of Mother: Louisa Sears
9. State or Country of Mother's Birth: Iowa

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Joseph C. R. Spitler
11. Present Address of Registrant: Box 192, Corning Cal

NOTARY (Seal)

Subscribed and sworn to before me on 1/27 1954
12. Signature of Notary: [signature]
13. Notary Commission expires: Aug 30 1956

APPLICANT — DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1. Class* A	Bible record of birth	Bible record also examined by J.L.Moran Notary Public, Tehama, California	2/1/54	Jan. 22, 1896
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	Jan. 22, 1896 Latah Co., Idaho	Louisa Sears Spitler	Amos Spitler	
SUPPORTING RECORD 2. Class B	Honorable Discharge	United States Army	Discharged June 20, 1919	Enlisted on May 21, 1918
	22 yrs. old Moscow, Idaho			
SUPPORTING RECORD 3. Class A	Census record	Bureau of the Census	4/27/53	Census of June 1, 1900
	Jan., 1896 4 yrs old Idaho	Louisa Spitler	Amos Spitler	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Edna Hamilton	Feb. 9, 1954

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

CERTIFICATE OF BIRTH

STATE OF IDAHO

Class A

Date of Birth: Jan. 1864

3 yrs old

Louisa Snyder

Amos Snyder

699-216-038-318

Department of Public Health
Division of Vital Statistics
Boise, Idaho

RECEIVED
FEB 23 1954

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De54-146
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's ~~Maiden~~ Name: Hazel Blanche Frith
2. Date Of Birth (month) (day) (year): August 16 1896
3. Color or Race: White
4. Sex: Female
5. Place of Birth a. County: Payette
b. City or Town of Birth: Payette, Idaho

FATHER

6. Full Name of Father: John James Frith
7. State or Country of Father's Birth: Wisconsin

MOTHER

8. Full Maiden Name of Mother: Charlotte Lottie Ann Taylor
9. State or Country of Mother's Birth: Nevada

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Hazel B. (Frith) Blackmore
11. Present Address of Registrant: 2309 S.E. Ash, Portland, Ore.

NOTARY (Seal)

Subscribed and sworn to before me on: February 17 1954
12. Signature of Notary: Lyla M. Ginzkey
13. Notary Commission expires: March 6 1956

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Class* B

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Census Record	Department of Commerce Bureau of the Census	Census of	1910

Date of Birth	Birth Place	Full Name of Mother	Name of Father
14 yrs	Idaho	Lottie A. Frith	John J. Frith

SUPPORTING RECORD 2.

Class A

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Bible Record	Family Bible	Aug. 16, 1896	

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Aug. 16, 1896			

SUPPORTING RECORD 3.

Class

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry

Date of Birth	Birth Place	Full Name of Mother	Name of Father

QUALIFYING INFORMATION

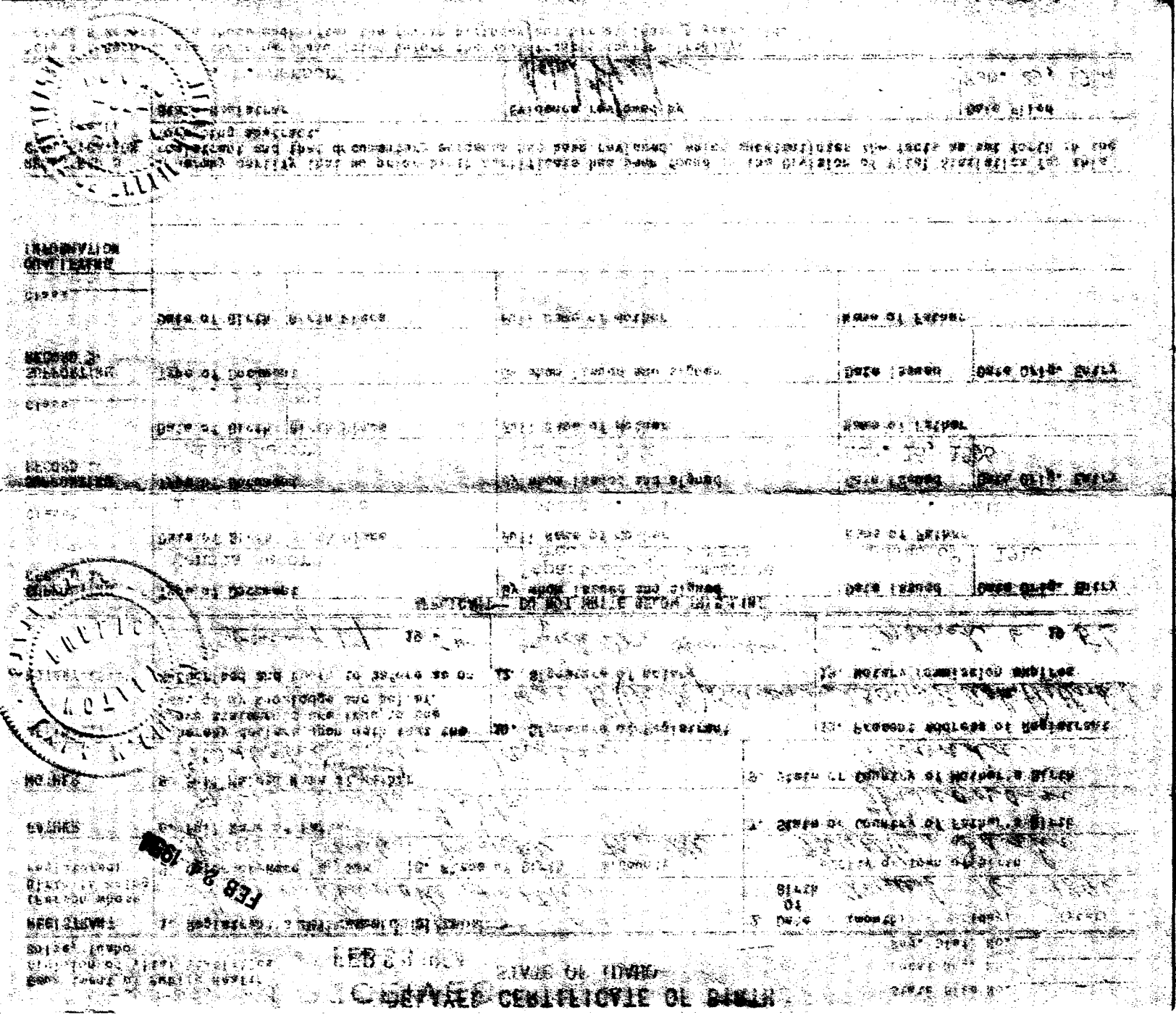
REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Mabel Frazier	Feb. 23, 1954

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067



395-128-025-266

Department of Public Health
Division of Vital Statistics
Boise, Idaho

MAR 29 1954
Division of Vital Statistics

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De54-178
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: William John Crea			2. Date Of Birth (month) July (day) 28 (year) 1896
	3. Color or Race: White	4. Sex: Male	5. Place of Birth: a. County: Idaho	b. City or Town of Birth: Denver
FATHER	6. Full Name of Father: John W. Crea			7. State or Country of Father's Birth: Iowa
MOTHER	8. Full Maiden Name of Mother: Emma V. Bowman			9. State or Country of Mother's Birth: Virgina
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: William John Crea		11. Present Address of Registrant: Fenn, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: March 26, 1954 19	12. Signature of Notary: F W Albers		13. Notary Commission expires: April 1, 19 58

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Insurance Policy	By whom issued and signed: New York Life Insurance Co	Date Issued: 1-18-1929	Date Orig. Entry
Class* B	Date of Birth / Birth Place: July 28, 1896, Denver, Idaho	Full Name of Mother	Name of Father	
SUPPORTING RECORD 2.	Type of Document: Insurance Policy	By whom issued and signed: Bankers Reserve Life Co.	Date Issued: May 26, 1928	Date Orig. Entry
Class B	Date of Birth / Birth Place: July 28, 1896, Denver, Idaho	Full Name of Mother	Name of Father	
SUPPORTING RECORD 3.	Type of Document: Honorable Discharge	By whom issued and signed: U. S. Army	Date Issued: Dec. 31, 1918	Date Orig. Entry
Class B	Date of Birth / Birth Place: 22 years old Denver, Idaho	Full Name of Mother	Name of Father	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: Mabel Fleeger	Date Filed: Mch 29, 1954

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

STATE OF IDAHO

Bureau of Vital Statistics

1. Name of child	2. Date of birth
3. Color or race	4. Sex
5. Place of birth	6. County
7. Full name of father	
8. Full maiden name of mother	
9. State or Country of father's birth	
10. State or Country of mother's birth	
11. Signature of informant	12. Present address of informant
13. Signature of Notary	14. Notary's commission expires

I hereby certify that no prior birth certificate has been found in the Bureau of Vital Statistics for this child and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

Special Registrar — Evidence received by — Date filed

STATE OF IDAHO

Bureau of Vital Statistics

1. Name of child	2. Date of birth
3. Color or race	4. Sex
5. Place of birth	6. County
7. Full name of father	
8. Full maiden name of mother	
9. State or Country of father's birth	
10. State or Country of mother's birth	
11. Signature of informant	12. Present address of informant
13. Signature of Notary	14. Notary's commission expires

I hereby certify that no prior birth certificate has been found in the Bureau of Vital Statistics for this child and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

Special Registrar — Evidence received by — Date filed

298-112-003-268

Department of Public Health
Division of Vital Statistics
Boise, Idaho

RECEIVED
MAR 9 - 1954
Division of Vital Statistics

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De54-179
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Harrison Raymond Bryan		2. Date of Birth (month) (day) (year): February 12 1896
	3. Color or Race: white	4. Sex: male	5. Place of Birth a. County: Idaho Bannock; b. City or Town of Birth: Pocatello
FATHER	6. Full Name of Father: Charles Attawa Bryan		7. State or Country of Father's Birth: Pennsylvania
MOTHER	8. Full Maiden Name of Mother: Pauline Elizabeth ##### Bohe		9. State or Country of Mother's Birth: Iowa
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Harrison Raymond Bryan	11. Present Address of Registrant: 3045 Frye Street, Oakland 2, Calif.
NOTARY (Seal)	Subscribed and sworn to before me on: February 15 1954	12. Signature of Notary: Blanche Moss	13. Notary Commission expires: 19 1957

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1. Class* A	Type of Document: Census Record	By whom issued and signed: Department of Commerce Bureau of the Census	Date Issued: census of	Date Orig. Entry: 1900
	Date of Birth: Feb. 1896 4 yrs old; Birth Place: Idaho	Full Name of Mother:	Name of Father: Charles A. Bryan	
SUPPORTING RECORD 2. Class B	Type of Document: Honorable Discharge	By whom issued and signed: National Guard of the U. S.	Date Issued: 6-4-1922	Date Orig. Entry:
	Date of Birth: 25 yrs 4 months; Birth Place: Pocatello, Idaho	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 3. Class B	Type of Document: Affidavit by mother	By whom issued and signed: Pauline E. Bryan	Date Issued: Aug. 6, 1940	Date Orig. Entry:
	Date of Birth: Feb. 12, 1896; Birth Place: Pocatello, Idaho	Full Name of Mother: Pauline E. Bryan	Name of Father:	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Mary Helen	Mch. 9, 1954

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

Feb. 12, 1950

Feb. 9, 1950

759-106-029-753

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De54 317
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: CARL FREDERICK PERSSON (PEARSON)
2. Date of Birth: (month) JULY (day) 6 (year) 1896
3. Color or Race: White
4. Sex: Male
5. Place of Birth: a. County LATAH; b. City or Town of Birth: MOSCOW

FATHER

6. Full Name of Father: PETER JOHAN PERSSON (PEARSON)
7. State or Country of Father's Birth: SWEDEN

MOTHER

8. Full Maiden Name of Mother: SARAH CHRISTINA PETERSON
9. State or Country of Mother's Birth: SWEDEN

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.
10. Signature of Registrant: Carl F. Persson
11. Present Address of Registrant: 3969 Fourth Avenue, San Diego

NOTARY (Seal)

Subscribed and sworn to before me on: April 16 1954
12. Signature of Notary: Mary J. Carroll
13. Notary Commission expires: My Commission Expires Apr 25, 1958

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Census Record	Bureau of the Census	3/22/54	Census of June 1, 1900

Class* A

Date of Birth	Birth Place	Full Name of Mother	Name of Father
3 yrs old July 1896	Idaho	Sarah C. Persson	Peter J. Persson

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Affidavit	Peter Edward Almquist	Feb. 18, 1954	

Class B

Date of Birth	Birth Place	Full Name of Mother	Name of Father
July 6, 1896	Moscow, Idaho		

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Affidavit	Alma O'Callaghan	Feb. 20, 1954	

Class B

Date of Birth	Birth Place	Full Name of Mother	Name of Father
July 6, 1896	Moscow, Idaho		

QUALIFYING INFORMATION

CLASS B. Affidavit by Lydia C. Nelson, older Sister, states that registrant was born on July 6, 1896 at Moscow, Idaho

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Edna Hamilton	April 20, 1954

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

STATE OF IDAHO

CERTIFICATE OF BIRTH

APR 20 1954

1. Name of Child: [illegible]

2. Date of Birth: [illegible]

3. Sex: [illegible]

4. Place of Birth: [illegible]

5. Color or Race: [illegible]

6. Name of Father: [illegible]

7. Maiden Name of Mother: [illegible]

8. Birthplace of Father: [illegible]

9. Birthplace of Mother: [illegible]

10. Age of Father: [illegible]

11. Age of Mother: [illegible]

12. Number of Previous Children: [illegible]

13. Number Now Living: [illegible]

14. Name of Informant: [illegible]

15. Address of Informant: [illegible]

16. Date Filed: [illegible]

17. Signature of Registrar: [illegible]

I hereby certify that I have personally examined the above-named child and that the facts stated above are true and correct to the best of my knowledge and belief.

Signature of Attending Physician or Midwife

Address

Date

Subscribed and sworn to before me this [illegible] day of [illegible], 1954.

Notary Public

My commission expires [illegible]

(SEAL)

Registrar

Date Received

[illegible]

315-225-029-964

Department of Public Health
Division of Vital Statistics
Boise, Idaho

RECEIVED
MAY 5 - 1954
Division of Vital Statistics

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De54-364
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: RUBY BELL CANN		2. Date of Birth (month) (day) (year): September 25, 1896
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Latah; b. City or Town of Birth: Genesee Idaho
FATHER	6. Full Name of Father: Paul L. Cann		7. State or Country of Father's Birth: Canada
MOTHER	8. Full Maiden Name of Mother: Emma Roderick		9. State or Country of Mother's Birth: Iowa, U. S. A.
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Ruby Bell Edmundson formerly Ruby Bell Cann	11. Present Address of Registrant: Moscow, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: April 30 1954	12. Signature of Notary: Leona G. Mortenson	13. Notary Commission expires: October 15 1955.

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Bible Record	Family Record in Bible	Sept. 25, 1896	
Class* A	Date of Birth / Birth Place: Sept. 25, 1896,	Full Name of Mother	Name of Father	
SUPPORTING RECORD 2.	Insurance Policy	Mutual Benefit Assoc.	5-3-46	
Class B	Date of Birth / Birth Place: Sept. 25, 1896, Genesee, Idaho	Full Name of Mother	Name of Father	
SUPPORTING RECORD 3.	Affidavit by Aunt	Cora East	Feb. 13, 1954	
Class B	Date of Birth / Birth Place: Sept. 25, 1896, Genesee, Idaho	Full Name of Mother: Emma Roderick	Name of Father: Paul L. Cann	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Mabel F. Gedney	May 5, 1954

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

CERTIFIED COPY OF CERTIFICATE OF BIRTH

FULL NAME OF CHILD	[redacted]
SEX	Male
THIS BIRTH	Single
DATE OF BIRTH (Month, day, and year)	September 25, 1956
PLACE OF BIRTH (a) City, town, or location	(b) Name of hospital or institution (If not in hospital or institution, give street address or location)
	Lapwai
(c) City limits? (Yes or No)	(d) County
	Nez Perce
FATHER	NAME	RESIDENCE	COLOR OR RACE	AGE AT LAST BIRTHDAY	BIRTHPLACE (State or foreign country)
	Paul E. Dunn	Lapwai, Idaho	White	24	Idaho
MOTHER	NAME (Maiden name)	RESIDENCE	COLOR OR RACE	AGE AT LAST BIRTHDAY	BIRTHPLACE (State or foreign country)
	[redacted]	Lapwai, Idaho	White	24	Idaho

I hereby certify that the above described child was born alive at the place and time and to the parents named above.

Signature [redacted]

Official Title Registrar

Date Signed Sept. 25, 1956

Certificate Registered Sept. 25, 1956

Local Registration District No. [redacted]

Registered No. [redacted]

Filed Sept. 25, 1956

Signature [redacted]

Registrar

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

I hereby certify that the above is a true and correct copy of the certificate of birth on file in this office.

Date issued Sept. 25, 1956

Signature [redacted]

Director

866417-037-769

Department of Public Health
Division of Vital Statistics
Boise, Idaho

RECEIVED
JUN 14 1954
Division of Vital Statistics

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De54-494
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: John Alvin Howell		2. Date of Birth: (month) Feb. (day) 17 (year) 1896	
	3. Color or Race: White	4. Sex: Male	5. Place of Birth: a. County: Owyhee	b. City or Town of Birth: Hot Springs, Idaho
FATHER	6. Full Name of Father: Frank Theodore Howell		7. State or Country of Father's Birth	
MOTHER	8. Full Maiden Name of Mother: Mary Ann Loretz		9. State or Country of Mother's Birth: Montana	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: John A. Howell	11. Present Address of Registrant: 4420 Harvey Way, Long Beach 8, Calif.	
NOTARY (Seal)	Subscribed and sworn to before me on: May 11 19 54	12. Signature of Notary: V. L. Hughes	13. Notary Commission expires: My Commission Expires Nov 22, 1957	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: School record of age	By whom issued and signed: Long Beach Public Schools, Long Beach 13, California	Date Issued: 4/29/54	Date Orig. Entry: Entered school Jan. 31, 1913
Class* B	Date of Birth: 16 yrs old	Birth Place:	Full Name of Mother:	Name of Father:
SUPPORTING RECORD 2.	Type of Document: Affidavit by Aunt	By whom issued and signed: Mrs. Mary E. Tay	Date Issued: April 28, 1954	Date Orig. Entry:
Class B	Date of Birth: Feb. 17, 1896	Birth Place: Hot Spring, Idaho	Full Name of Mother:	Name of Father:
SUPPORTING RECORD 3.	Type of Document: Honorable Discharge	By whom issued and signed: U. S. Army	Date Issued: enlisted	Date Orig. Entry: July 20, 1917
Class B	Date of Birth: 21yrs 5 mo. old	Birth Place: Hot Springs, Idaho	Full Name of Mother:	Name of Father:
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: Mabel Keeler	Date Filed: June 14, 1954

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

REGISTRAR

1. Full name of child

2. Date of birth

3. Sex

4. Place of birth

5. Full name of father

6. Full name of mother

7. State or Country of Father's Birth

8. Full maiden name of mother

9. State or Country of Mother's Birth

CERTIFICATE

10. Signature of Physician

11. Profession, address of Physician

12. Signature of Notary

13. Notary Commission expires

REGISTRAR — DO NOT WRITE BELOW THIS LINE

Class

Date of birth

Birth Place

Full Name of Mother

Name of Father

Date Issued

Date Orig. Entry

819-124-001-942

Department of Public Health
Division of Vital Statistics
Boise, Idaho

RECEIVED
JUL 2 - 1954
Division of Vital Statistics

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De54 566
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Name at Birth: **Milton Russell Hart**		2. Date of Birth (month) (day) (year): **February 24 1896**
	3. Color or Race: **White**	4. Sex: **Male**	5. Place of Birth a. County: **Ada** b. City or Town of Birth: **Boise**
FATHER	6. Full Name of Father: **Irving Warren Hart**		7. State or Country of Father's Birth: **Connecticut**
MOTHER	8. Full Maiden Name of Mother: **Frances Milton Russell**		9. State or Country of Mother's Birth: **Tennessee**
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: *Milton Russell Hart*	11. Present Address of Registrant: **604 Atlantic Ave., Waukegan, Illinois**
NOTARY (Seal)	Subscribed and sworn to before me on: *June 28 1954*	12. Signature of Notary: *Theodore Foseberg*	13. Notary Commission expires: *April 25 1957*

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1. Class* A	Type of Document: Census Record of 1900	By whom issued and signed: Bureau of the Census	Date Issued: 3/29/54	Date Orig. Entry: Census of June 1, 1900
	Date of Birth: Feb. 1896 4 yrs old	Birth Place: Idaho	Full Name of Mother: Frances M. Hart	Name of Father: Irving W. Hart
SUPPORTING RECORD 2. Class B	Type of Document: Application for conversion to U.S. Gov. Life	By whom issued and signed: Ins.	Date Issued:	Date Orig. Entry: June 1, 1926
	Date of Birth: Feb. 24, 1896	Birth Place: Boise, Idaho	Full Name of Mother:	Name of Father:
SUPPORTING RECORD 3. Class B	Type of Document: School record	By whom issued and signed: Boise Public Schools	Date Issued: 9/9/53	Date Orig. Entry:
	Date of Birth: Feb., 1896	Birth Place: Boise, Idaho	Full Name of Mother:	Name of Father: I. W. Hart
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Edna Hamilton	July 2, 1954

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

CERTIFICATE OF BIRTH

STATE OF IDAHO

1. Registered number	1a. Registrar's number
2. Date received (month, day, year)	3. Usual residence of mother (state, county, city, street, number)
4. Date of birth (month, day, year)	5. Hour of birth
6. Sex	7. Duplicate, triplet, etc. (or single, twin, triplet, etc.)
8. Legitimate or illegitimate	9. Color or race
10. Age of mother (last birthday)	11. Birthplace of mother (state or foreign country)
12. Maiden name of mother	13. Age of father (last birthday)
14. Birthplace of father (state or foreign country)	15. Occupation of father (kind of work done, not employer)
16. Name of father	17. Name and address of informant
18. Relation of informant to child	19. Name of attendant
20. Date of attendant's certification	21. Name and address of physician, midwife, or other person certifying birth
22. Date of physician's certification	23. Name and address of person completing certificate
24. Date of completion of certificate	25. Name and address of person filing certificate
26. Date of filing	27. Registrar's signature
28. Remarks	

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1. Registered number: 1896
1a. Registrar's number:
2. Date received (month, day, year): July 2, 1896
3. Usual residence of mother (state, county, city, street, number): Boise, Idaho
4. Date of birth (month, day, year): Feb., 1896
5. Hour of birth:
6. Sex: Male
7. Duplicate, triplet, etc. (or single, twin, triplet, etc.): Single
8. Legitimate or illegitimate: Legitimate
9. Color or race: White
10. Age of mother (last birthday): 30
11. Birthplace of mother (state or foreign country): Idaho
12. Maiden name of mother: Milton Russell Hart
13. Age of father (last birthday): 32
14. Birthplace of father (state or foreign country): Idaho
15. Occupation of father (kind of work done, not employer): Farmer
16. Name of father: Irving Warren Hart
17. Name and address of informant: Irving Warren Hart, Boise, Idaho
18. Relation of informant to child: Father
19. Name of attendant: None
20. Date of attendant's certification:
21. Name and address of physician, midwife, or other person certifying birth:
22. Date of physician's certification:
23. Name and address of person completing certificate: Irving Warren Hart, Boise, Idaho
24. Date of completion of certificate: July 2, 1896
25. Name and address of person filing certificate: Irving Warren Hart, Boise, Idaho
26. Date of filing: July 2, 1896
27. Registrar's signature: W. V. Hesson
28. Remarks: None

I hereby certify that the above statement is true to the best of my knowledge and belief.

Signature of informant: Irving Warren Hart

Address: Boise, Idaho

Date: July 2, 1896

Signature of Notary: Milton Russell Hart

My commission expires: Dec. 25, 1898

Notary Commission expires: Dec. 25, 1898

Registrar's Certification: I hereby certify that the above statement is true to the best of my knowledge and belief.

Registrar's signature: W. V. Hesson

Date: July 2, 1896

Supporting Record 1: Census Record of 1900

Date of birth: 1896

Birth place: Idaho

Name of father: Irving Warren Hart

Name of mother: Milton Russell Hart

Supporting Record 2: Application for conversion to U.S. Gov. Life Ins.

Date of birth: Feb. 1896

Birth place: Idaho

Name of father: Irving Warren Hart

Name of mother: Milton Russell Hart

Supporting Record 3: School record

Date of birth: Feb., 1896

Birth place: Boise, Idaho

Name of father: I. W. Hart

Name of mother: Boise Public Schools

Date issued: 9/1/32

Date filed: July 2, 1896

Evidence received by: Mona Hamilton

Date filed: July 2, 1896

Clerk's Certification: I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been received, which supports the facts as set forth in the foregoing abstract.

Clerk's signature:

Date:

Clerk's Certification: I hereby certify that the above statement is true to the best of my knowledge and belief.

Signature of Clerk

162 X 31-007-635

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De54-607
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: TORRESTO F. JOSSELYN
2. Date of Birth (month) (day) (year): MARCH 31 1896
3. Color or Race: WHITE
4. Sex: MALE
5. Place of Birth a. County, b. City or Town of Birth: HAILEY (CHOME) BLAINE — HAILEY, IDAHO

FATHER

6. Full Name of Father: TORRESTO A. JOSSELYN
7. State or Country of Father's Birth: MAINE

MOTHER

8. Full Maiden Name of Mother: JENNIE FLEMING
9. State or Country of Mother's Birth: INDIANA

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Torresto F. Josselyn
11. Present Address of Registrant: HAILEY, IDAHO

NOTARY (Seal)

Subscribed and sworn to before me on: July 3 1954
12. Signature of Notary: Helen E. Seymour
13. Notary Commission expires: Oct. 16, 1957

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1. Class* A	Newspaper Notice	The Hailey Times	Apr. 1, 1896	
	Date of Birth / Birth Place	**Full Name of Mother**	**Name of Father**	
	Mch. 31, 1896, Hailey, Idaho		Torrey Josselyn	
SUPPORTING RECORD 2. Class B	Election Register	County of Blaine	7-15-26	
	30 yrs old Idaho			
SUPPORTING RECORD 3. Class				

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Melvin Fredericksen	July 20, 1954

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

Dup of 1896-378760

#64263 #108425 RECEIVED AUG 7 - 1954 Division of Vital Statistics

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

Department of Public Health
Division of Vital Statistics
Boise, Idaho 419-205-003-295

State File No. De54 660
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Hazel Monroe Martin		2. Date of Birth (month) May (day) 5 (year) 1896	
	3. Color or Race: White	4. Sex: F	5. Place of Birth a. County: Bannock	b. City or Town of Birth: Lava Hot Springs Idaho
FATHER	6. Full Name of Father: Theodore Monroe Martin		7. State or Country of Father's Birth: Utah Cache County	
MOTHER	8. Full Maiden Name of Mother: Sarah Maria Bingham		9. State or Country of Mother's Birth: Utah Box Elder Co.	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Hazel M. Martin Ranstrom	11. Present Address of Registrant: 490 Wayne Pocatello Ida	
NOTARY (Seal)	Subscribed and sworn to before me on: July 28 1954	12. Signature of Notary: E. D. Drumhall	13. Notary Commission expires: Sept 30 1956	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1. Class* B	Type of Document: Child's Birth Certificate	By whom issued and signed: Bureau of Vital Statistics No. 108425, Idaho	Date Issued: Filed on Feb. 1, 1923	Date Orig. Entry: Child born on Jan. 24, 1923
	Date of Birth: 26 years old	Birth Place: Idaho	Full Name of Mother:	Name of Father:
SUPPORTING RECORD 2. Class B	Type of Document: Affidavit by Elena B. Martin	By whom issued and signed: Elena B. Martin, an Aunt	Date Issued: July 28, 1954	Date Orig. Entry:
	Date of Birth: May 5, 1896	Birth Place: Lava Hot Springs	Full Name of Mother: Sarah Maria Bingham	Name of Father: Theodore Monroe Martin
SUPPORTING RECORD 3. Class A	Type of Document: Family record of birth, also	By whom issued and signed: recorded in L.D.S. Church	Date Issued:	Date Orig. Entry: May 5, 1896
	Date of Birth: May 5, 1896	Birth Place: Lava Hot Springs	Full Name of Mother: Sarah Maria Bingham	Name of Father: Theodore Monroe Martin
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Edna Hamilton	Aug. 9, 1954

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

AUG 9 1954

766-208-028-819

Department of Public Health
Division of Vital Statistics
Boise, Idaho

RECEIVED
JUN 5 - 1954
Division of Vital Statistics

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De54 717
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Ethel Katherine Gooch
2. Date of Birth (month) Sept. (day) 8 (year) 1896
3. Color or Race: White
4. Sex: Female
5. Place of Birth: a. County: Weston - Idaho; b. City or Town of Birth: Weston Idaho

FATHER

6. Full Name of Father: Belton Gooch
7. State or Country of Father's Birth: Yorkshire England

MOTHER

8. Full Maiden Name of Mother: Mary ann Hanson.
9. State or Country of Mother's Birth: Brigham City Utah

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Ethel Katherine Gooch Hatch
11. Present Address of Registrant: Hyrum Utah

NOTARY (Seal)

Subscribed and sworn to before me on: May 19, 1954
12. Signature of Notary: Dimera A. Dunn
13. Notary Commission expires: Dec. 30 1954

APPLICANT — DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1. Class* B	Certificate of Baptism	L. D. S. Church	Baptized	July 2, 1905
	Date of Birth / Birth Place	**Full Name of Mother**	**Name of Father**	
	Sept. 8, 1896, Weston, Idaho	Mary Ann Hansen	Belton Gooch	
SUPPORTING RECORD 2. Class B	Type of Document: 415 Child's birth certificate	By whom issued and signed: State Board of Health Utah	Date Issued: Filed on July 5, 1926	Date Orig. Entry: Child born on July 1, 1926
	Date of Birth / Birth Place	**Full Name of Mother**	**Name of Father**	
	29 yrs old / Weston, Idaho			
SUPPORTING RECORD 3. Class B	Type of Document: Affidavit by an Uncle	By whom issued and signed: Joseph Henry Gooch	Date Issued: June 30, 1954	Date Orig. Entry
	Date of Birth / Birth Place	**Full Name of Mother**	**Name of Father**	
	Sept. 8, 1896 Weston, Idaho	Mary Ann Hansen	Belton Gooch	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Edna Hamilton	Aug. 27, 1954

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

CERTIFICATE OF BIRTH

STATE OF IDAHO

1. Name of child: Joseph Henry Brown
2. Sex: Male
3. Date of birth: August 8, 1954
4. Place of birth: Boise, Ada County, Idaho
5. Name of father: Henry Allen Brown
6. Full maiden name of mother: Mary Ann Dawson
7. Date of marriage of parents: June 12, 1952
8. Place of marriage of parents: Boise, Idaho
9. Residence of parents: 1423 Warm Springs Ave., Boise, Idaho
10. Occupation of father: Carpenter
11. Occupation of mother: Housewife
12. Informant: Mary Ann Brown
13. Attendant: Dr. Samuel Weston, Boise, Idaho
14. Date of birth certificate: August 9, 1954

I hereby certify that the above is a true and correct copy of the birth record on file in the Bureau of Vital Statistics, State of Idaho.

Issued: August 27, 1954

Registrar

414-24-031-997

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De54 739
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Daniel Madden
2. Date of Birth (month) (day) (year): Nov 24 1896
3. Color or Race: White
4. Sex: Male
5. Place of Birth a. County: Lewiston
b. City or Town of Birth: Lewiston

FATHER

6. Full Name of Father: James Madden
7. State or Country of Father's Birth: Cork Ireland

MOTHER

8. Full Maiden Name of Mother: Mary Hannah Riggs
9. State or Country of Mother's Birth: Kentucky

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Daniel Madden
11. Present Address of Registrant: 6240 E Burnside Portland Ore

NOTARY (Seal)

Subscribed and sworn to before me on: August 31 1954
12. Signature of Notary: S Blackfogwood
13. Notary Commission expires: My Commission Expires Oct. 3 1956

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1. Class* A	Certificate of Baptism	Roman Catholic Church, by Rev. Arthur S. Wharton, Pastor	11/3/53	Baptized on Dec. 25, 1896
	Date of Birth / Birth Place	**Full Name of Mother**	**Name of Father**	
	Nov. 24, 1896 Lewiston, Idaho	Mary Madden	James Madden	
SUPPORTING RECORD 2. Class B	Application for Insurance	New York Life Ins. Co.	June 27,1917	
	Nov. 24, 1896 Idaho			
SUPPORTING RECORD 3. Class B	Knight's of Columbus Benefit Certificate	Knight's of Columbus	May 25, 1919	
	Nov. 24, 1896 Lewiston, Idaho			

QUALIFYING INFORMATION

CLASS B. Affidavit by an order brother James S. Madden, showing birthdate as November 24, 1896 and place of birth as Lewiston, Idaho.

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Edna Hamilton	Sept. 3, 1954

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

SEP 3 1954

693-104-035-285

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De64 832
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Joe Wills (no middle name)
2. Date of Birth (month) (day) (year): February 4th, 1896
3. Color or Race: White
4. Sex: Male
5. Place of Birth a. County: Idaho, Nez Perce
b. City or Town of Birth: Lewiston

FATHER

6. Full Name of Father: Egbert Reed Wills
7. State or Country of Father's Birth: Ohio

MOTHER

8. Full Maiden Name of Mother: Elizabeth Byers
9. State or Country of Mother's Birth: Indiana

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Joe Wills
11. Present Address of Registrant: Rt 1 Salem Ore

NOTARY (Seal)

Subscribed and sworn to before me on: August 16th 1954
12. Signature of Notary: NOTARY PUBLIC FOR OREGON Mary Dixon
13. Notary Commission expires: June 1 1958

APPLICANT — DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Membership Card	Century Lodge. No. 208	July 15,1920	July 15,1920
Class* B	**Date of Birth** / **Birth Place**: Feb. 4,1896	**Full Name of Mother**	**Name of Father**	
SUPPORTING RECORD 2.	Affidavit by older sister	Mary Dixon, Notary Public Jessie Wills Haner	September 3, 1954	
Class B	**Date of Birth** / **Birth Place**: Feb 4,1896 / Lewiston, Idaho	**Full Name of Mother**	**Name of Father**	
SUPPORTING RECORD 3.	Selective Service Record	Department of the Army H. H. Newman, Col. Commanding	9-22-54	Apr 2, 1918
Class B	**Date of Birth** / **Birth Place**: Feb 4, 1896 / Lewiston, Idaho	**Full Name of Mother**	**Name of Father**	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Pat Shields	Oct. 7, 1954

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

Oct. 8 1954

PERSONAL AND STATISTICAL DESCRIPTION

1. Person whose birth is being registered — Joe Mills (no middle name)
2. Color or Race — White
3. Sex — Male
4. Date of Birth — February Twth, 19[illegible]
5. Place of birth — Idaho, Ida. Terrace
6. If not in hospital, give street address or location — [illegible]
7. City or Town of Birth — Lewiston
8. County of Birth — Nez Perce
9. Usual residence of mother — Lewiston, Idaho
10. Is place of residence within city limits? — Yes
11. Name of Hospital or Institution — [illegible]

PARENTAGE

12. Full name of Father — Albert Pearl Mills
13. Color or Race — White
14. Age at last birthday — 32
15. Birthplace (State or Country) — Ohio
16. Trade, profession or particular kind of work done, even though retired — Farmer
17. Industry or business in which work done — Farming
18. Was he ever in the Armed Forces of the United States? — No
19. Full name of Mother — Elizabeth Byers
20. Color or Race — White
21. Age at last birthday — 30
22. Birthplace (State or Country) — Indiana
23. Trade, profession or particular kind of work done, even though retired — Housewife
24. Industry or business in which work done — None
25. Was she ever in the Armed Forces of the United States? — No

AFFIDAVIT

Subscribed and sworn to before me on — [illegible]

I hereby declare upon oath that the above facts are true to the best of my knowledge and belief.

Signature of Informant — [illegible]

Address — [illegible]

Signature of Notary — [illegible]

Notary Commission expires — June 1 1953

PHYSICIAN'S OR MIDWIFE'S CERTIFICATE

Type of Attendant — Physician

Date Issued — [illegible]

Name and address of Attendant — [illegible]

Date Received by Local Registrar — [illegible]

Name of Informant — [illegible]

Relationship — [illegible]

Address — [illegible]

Date of Birth — [illegible]

Name of Father — [illegible]

Maiden Name of Mother — [illegible]

Place of Birth

275-206-006-789

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De54-894
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Effie May Stewart.		2. Date of Birth (month) October (day) 6 (year) 1896
	3. Color or Race: White	4. Sex: female	5. Place of Birth: a. County: Idaho Bingham; b. City or Town of Birth: Ammon
FATHER	6. Full Name of Father: Edson Nephi Stewart		7. State or Country of Father's Birth: Idaho.
MOTHER	8. Full Maiden Name of Mother: Mary Ann Phillips.		9. State or Country of Mother's Birth: Arizona
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Effie May Smith.	11. Present Address of Registrant: 6829 Victoria Ave Los Angeles, Calif.
NOTARY (Seal)	Subscribed and sworn to before me on: 1 Nov 19 54	12. Signature of Notary: J. WHEELER [illegible] for the County of California	13. Notary Commission expires: My Commission Expires July 24, 1956 19

APPLICANT—DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Bible Record	Family Bible	Oct. 6, 1896	
Class* A	**Date of Birth / Birth Place**	**Full Name of Mother**	**Name of Father**	
	Oct. 6, 1896, Ammon, Idaho			
SUPPORTING RECORD 2.	Certificate of Baptism	L. D. S. Church	Baptized	8-26-1906
Class B	Oct. 6, 1896, Ammon, Ida	Mary Ann Phillips	Edson N. Stewart	
SUPPORTING RECORD 3.	Affidavit by mother	Mary Ann Stewart Owen	Nov. 5, 1954	
Class B	Oct. 6, 1896, Ammon, Idaho	Mary Ann Phillips	Edson Nephi Stewart	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: Mabel Fielder	Date Filed: Nov. 8, 1954

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

NOV 9 1954

243-206-028-863

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De54-908
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: ETHEL ARMINDA KUTCH		2. Date of Birth (month) May (day) 6 (year) 1896	
	3. Color or Race: White	4. Sex: female	5. Place of Birth a. County: Farmington, Idaho	b. City or Town of Birth:
FATHER	6. Full Name of Father: Martin Kutch		7. State or Country of Father's Birth: Iowa	
MOTHER	8. Full Maiden Name of Mother: Alice Holland		9. State or Country of Mother's Birth: Iowa	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Ethel arminda Pugh	11. Present Address of Registrant: 1120 Francis Ave., Walla Walla, Wn.	
NOTARY (Seal)	Subscribed and sworn to before me on: November 8 1954	12. Signature of Notary: Jason Kendall	13. Notary Commission expires: July 8, 1956	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Application for Social	By whom issued and signed: Security-Social Sec. Adm.	Date Issued: 7-27-42	Date Orig. Entry:
Class* B	Date of Birth / Birth Place: May 6, 1896, Latah County, Idaho	Full Name of Mother: Alice V. Holland	Name of Father: Martin M. Kutch	
SUPPORTING RECORD 2.	Type of Document: Marriage Record	By whom issued and signed: County Recorder, Walla Walla County	Date Issued:	Date Orig. Entry: June. 27, 1945
Class B	Date of Birth / Birth Place: 49 yrs old Idaho	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 3.	Type of Document: Certificate of Baptism	By whom issued and signed: Church of the Nazarene	Date Issued: Baptized	Date Orig. Entry: 7-14-46
Class B	Date of Birth / Birth Place: May 6, 1896	Full Name of Mother: Walla Walla Washington	Name of Father:	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: Mabel Keeler	Date Filed: Nov. 15, 1954

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

CERTIFICATE	1. Name of child (First, middle, last)		2. Sex	3. Date of birth (Month, day, year)
PLACE OF BIRTH	4. County of birth	5. City or town (If not in city or town, give name of township or precinct)	6. Length of residence at present address (If less than 1 year, give previous address)	
PARENTS	7. Full name of father		8. Color or race	9. Age at last birthday (Years)
	10. Birthplace (State or foreign country)		11. Usual occupation	12. Industry or business
MOTHER	13. Full maiden name of mother		14. Color or race	15. Age at last birthday (Years)
	16. Birthplace (State or foreign country)		17. Usual occupation	18. Industry or business
INFORMANT	I hereby certify that I attended the birth of the child named above, on the date above stated, and that the facts stated in items 1 to 18 are true to my knowledge and belief.		19. Signature of informant	20. Address
AFFIDAVIT FOR DELAYED CERTIFICATE	Subscribed and sworn to before me		21. Signature of official	22. Title
	23. Date received by local registrar		24. Registered number	

25. I hereby certify that the above birth certificate has been found in the division of vital statistics for this county, registered and that duly recorded in my office, on which substantiates the data as set forth in the above certification.

26. Signature of local registrar

27. Date signed

28. Evidence received

29. Remarks

30. Signature of official

31. Date signed

849-111-043-791

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De55-173
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: JESSE LEON HURD
2. Date of Birth (month) (day) (year): Sept. 11 1896
3. Color or Race: White
4. Sex: MALE
5. Place of Birth: a. County: Idaho / VALLEY
b. City or Town of Birth: RURAL district NEAR town of VAN WICK

FATHER

6. Full Name of Father: ARTHUR LEON HURD
7. State or Country of Father's Birth: " MICHIGAN

MOTHER

8. Full Maiden Name of Mother: CLARA BELL GRANGER
9. State or Country of Mother's Birth: " NEBRASKA

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Jesse L Hurd
11. Present Address of Registrant: Kosmos Wash.

NOTARY (Seal)

Subscribed and sworn to before me on: February 21st 1955
12. Signature of Notary: Mary E Johnson
13. Notary Commission expires: May 1st 1958

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document: Insurance Policy
By whom issued and signed: Travelers Insurance Co.
Date Issued: Jan. 26, 1931
Date Orig. Entry:
Date of Birth: Sept. 11, 1896
Birth Place: Idaho
Full Name of Mother:
Name of Father:
Class*: B

SUPPORTING RECORD 2.

Type of Document: Honorable Discharge
By whom issued and signed: United States Army
Date Issued: Enlisted
Date Orig. Entry: Oct. 2, 1917
Date of Birth: 22 yrs old
Birth Place:
Full Name of Mother:
Name of Father:
Class: B

SUPPORTING RECORD 3.

Type of Document: Affidavit by Aunt
By whom issued and signed: Mayme Morrison
Date Issued: Feb. 8, 1955
Date Orig. Entry:
Date of Birth: Sept. 11, 1896
Birth Place: Valley County, Idaho
Full Name of Mother: Clara Bell Granger
Name of Father: Arthur Leon Hurd
Class: B

QUALIFYING INFORMATION

Insurance policy with the Olympic Mutual Insurance Co taken out Nov. 13, 1936 gives the date of birth as Sept. 11, 1896 in Idaho

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: W. W. Benson
Evidence reviewed by: Mabel Feeler
Date Filed: Feb. 23, 1955

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

FEB 24 1956



314-220-035-239

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De55-215
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: NORA VIOLET CAUDLE
2. Date Of Birth (month) (day) (year): FEB. 20 1896
3. Color or Race: White
4. Sex: female
5. Place of Birth: a. County: Idaho — Nez Perce; b. City or Town of Birth: Bruneau

FATHER

6. Full Name of Father: NOAH WILLIAM CAUDLE
7. State or Country of Father's Birth: ILLINOIS

MOTHER

8. Full Maiden Name of Mother: NORA MAUD STRICKLAND
9. State or Country of Mother's Birth: MISSOURI

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Nora V Richardson
11. Present Address of Registrant: 309 Hanau Blvr Boise Ida

NOTARY (Seal)

Subscribed and sworn to before me on: March 5, 1955
12. Signature of Notary: W W Benson
13. Notary Commission expires: July 31 1958

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1. Class* B	Affidavit by father	Noah William Caudle	March 5, 1955	
	Date of Birth / Birth Place	**Full Name of Mother**	**Name of Father**	
	Feb. 20, 1896 Bruneau Idaho	Nora Maud Strickland	Noah Wm. Caudle	
SUPPORTING RECORD 2. Class B	Child's birth certificate	By whom issued and signed: Idaho Bureau of Vital Statistics	Date Issued: Filed on 3/28/17	Date Orig. Entry: Child born on Mar. 27, 1917
	Date of Birth / Birth Place	**Full Name of Mother**	**Name of Father**	
	21 yrs old Idaho			
SUPPORTING RECORD 3. Class B	Insurance Policy # 139383 M.	By whom issued and signed: Metropolitan Life Ins. Co.	Date Issued: October 1,	Date Orig. Entry: 1932
	Date of Birth / Birth Place	**Full Name of Mother**	**Name of Father**	
	Next birthday 37 yrs old			
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Edna Hamilton	Mar. 5, 1955

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

MAR 8 1968

FATHER

MOTHER

AFFIDAVIT

SUBSCRIBED and sworn to before me on

RECORD

Date of Birth

Name of Mother

Name of Father

Date Issued

Date Orig. Entry

CERTIFICATION

Examiner

Evidence reviewed by

Date Filed

N. K. Benson

619-224014-238

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De55-266
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Mable Clara Farley		2. Date of Birth (month) Oct (day) 24 (year) 1896
	3. Color or Race: white	4. Sex: FM	5. Place of Birth a. County: Idaho Parma Canyon; b. City or Town of Birth: Parma
FATHER	6. Full Name of Father: Willis Wright Farley		7. State or Country of Father's Birth: Virginaa
MOTHER	8. Full Maiden Name of Mother: Mary Catherine Schroeder		9. State or Country of Mother's Birth: Ohio
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Clara Farley	11. Present Address of Registrant: 5142 S. E. Milwaukie Av
NOTARY (Seal)	Subscribed and sworn to before me on: March 16 1955	12. Signature of Notary: Doris Webb	13. Notary Commission expires: NOTARY PUBLIC FOR OREGON My Commission Expires Nov. 2, 1958

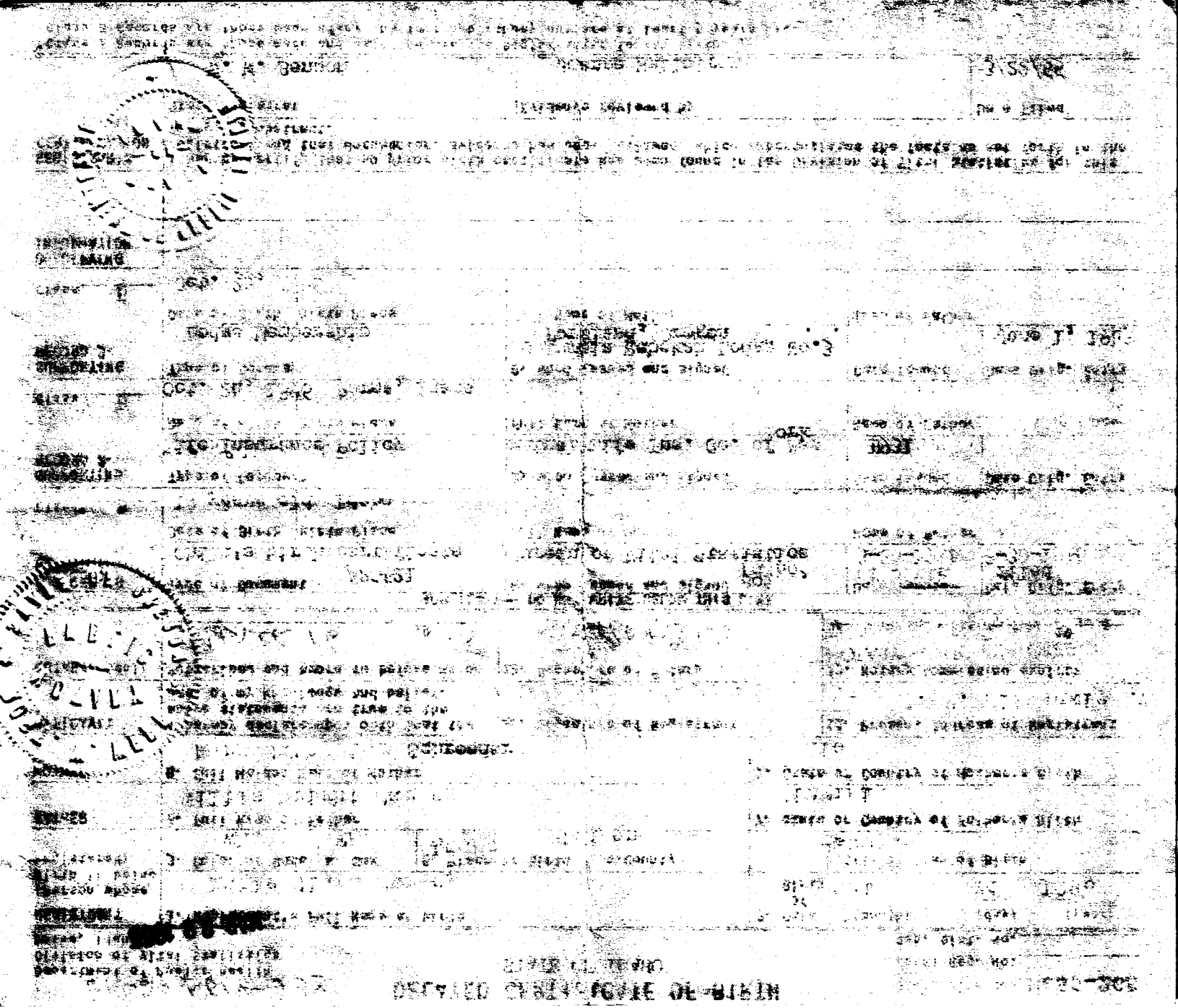
APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: #20521 Child's birth certificate	By whom issued and signed: Boise, Idaho Bureau of Vital Statistics	Date issued — of birth: 3-28-1914	Date Orig. Entry filed: 3-30-1914
Class* B	Date of Birth / Birth Place: 19 years old Idaho	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 2.	Type of Document: Life Insurance Policy	By whom issued and signed: Mutual Life Ins. Co. of New York	Date issued: 1931	Date Orig. Entry:
Class B	Date of Birth / Birth Place: Oct. 24, 1896 Parma, Idaho	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 3.	Type of Document: Lodge Membership	By whom issued and signed: Columbia Rebekah Lodge No. 3 Portland, Oregon	Date issued: 5/11/[illegible]	Date Orig. Entry: June 1, 1943
Class B	Date of Birth / Birth Place: Oct. 24, 1896	Full Name of Mother:	Name of Father:	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: Joanne Hallstrom	Date Filed: 3/22/55

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH-10067



363-10-030-229

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

RECEIVED
APR 4 1955
Division of Vital Statistics

State File No. De55-312
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: FITCH LEWIS COCHRAN			2. Date Of Birth (month) July (day) 10 (year) 1896	
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Lemhi	b. City or Town of Birth: May Idaho	
FATHER	6. Full Name of Father: Holliday Hicks Cochran			7. State or Country of Father's Birth: Maryland	
MOTHER	8. Full Maiden Name of Mother: Lucina Wright Skiff			9. State or Country of Mother's Birth: New York	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Fitch L Cochran	11. Present Address of Registrant: May, Idaho	
NOTARY (Seal)	Subscribed and sworn to before me on: March 8 1955		12. Signature of Notary: Donald F. Nichols	13. Notary Commission expires: Aug. 8 1955	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Bible Record		By whom issued and signed: Family Bible viewed by Donald F. Nichols, Notary	Date Issued:	Date Orig. Entry: July 10, 1896
Class* A	Date of Birth: July 10,	Birth Place: 1896,	Full Name of Mother: Lucina S. Cochran	Name of Father: Holiday H. Cochran	
SUPPORTING RECORD 2.	Type of Document: School Record		By whom issued and signed: County Board of Education Salmon, Idaho	Date Issued: census of 1910	Date Orig. Entry:
Class B	Date of Birth: July 10,	Birth Place: 1896	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 3.	Type of Document: Affidavit		By whom issued and signed: Hazel M. Morrow	Date Issued: 3-22-55	Date Orig. Entry:
Class B	Date of Birth: July 10,	Birth Place: 1896, May, Idaho	Full Name of Mother: Lusina Skiff	Name of Father: Holiday Hicks Cocran	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: Mabel Eden	Date Filed: 4-4-55

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH #8067

APR 5

791-220-003-845

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De55-338
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Violet Isabel Pratt

2. Date of Birth (month) Sept. (day) 20 (year) 1896

3. Color or Race: White | 4. Sex: Female | 5. Place of Birth a. County: Oxford | b. City or Town of Birth: Bannock

FATHER

6. Full Name of Father: George Chadwick Pratt

7. State or Country of Father's Birth: New York City N.Y.

MOTHER

8. Full Maiden Name of Mother: Olive Isibal Hunt

9. State or Country of Mother's Birth: ?

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Violet I. Johnson

11. Present Address of Registrant: 1425 Arnold St. San Jose, Calif.

NOTARY (Seal)

Subscribed and sworn to before me on March 17- 1955

12. Signature of Notary: Ray W. Martin

13. Notary Commission expires July 9- 1955

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date issued	Date Orig. Entry
SUPPORTING RECORD 1. Class* A	Family record of birth			Sept. 20, 1896
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	Sept. 20, 1896			
SUPPORTING RECORD 2. Class B.	Application for Insurance	The Mutual Benefit Life Ins.	Dec. 27, 1943	
	Sept. 20, 1896 Oxford, Idaho			
SUPPORTING RECORD 3. Class B	Affidavit by Sister	Ellen Pratt Chester	March 21, 1955	
	Sept. 20, 1896 Oxford, Idaho	Olive Isibal Hunt	George Chadwic Pratt	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	Edna Hamilton	April 8, 1955

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 40067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

REGISTRATION # 1964

CHILD — (First) (Middle) (Last)

1. Place of Birth — County

2. Date of Birth — (Month) (Day) (Year)

3. Sex

4. Color or Race

5. Place of Birth — City or Town

6. Name of Hospital or Institution

7. Usual Residence of Mother — City or Town

8. Usual Residence of Mother — County

9. Usual Residence of Mother — State

10. Usual Residence of Mother — Street Address

FATHER — 11. Full Name

12. Color or Race

13. Age at Last Birthday

14. Birthplace — State or Country

MOTHER — 15. Full Maiden Name of Mother

16. Age at Last Birthday

17. Birthplace — State or Country

AFFIDAVIT — I hereby certify that I attended the birth of the child above on the date stated above and that the facts stated above are true to the best of my knowledge and belief.

18. Signature of Informant

19. Address

20. Date Signed

21. Name and Address of Person Preparing Certificate

22. Date Received by Registrar

23. Registrar's Signature

24. Date Filed

25. Remarks

NOTARY (Seal) — Subscribed and sworn to before me on

26. Signature of Notary

27. Notary Commission Expires

SUPPORTING RECORD 1. — Type of Document — By whom Issued — Date Issued — Date Orig. Entry

Date of Birth — Birth Place — Full Name of Mother — Name of Father

SUPPORTING RECORD 2. — Type of Document — By whom Issued and Signed — Date Issued — Date Orig. Entry

Date or Birth — Birth Place — Full Name of Mother — Name of Father

SUPPLEMENTAL INFORMATION

Space for Additional Information

CERTIFICATION — I hereby certify that my prior birth certificate dated _____ filed in the Division of Vital Statistics for this child is false, incorrect or incomplete in the following respects, which supersedes and replaces the data as set forth in the said prior certificate:

Name as Corrected — Evidence Employed by — Date Filed

April 8, 1965

*This space to be left blank unless the Registrar's limit of 3 years has expired. If so, affix the Raised Seal of the State Department of Public Health.

334-12-028-155

Department of Public Health
Division of Vital Statistics
Boise, Idaho

RECEIVED
APR 26 1955
Division of Vital Statistics

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De55-413
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: HANS MANLEY GILBERT STUVE
2. Date of Birth (month) NOV. (day) 21 (year) 1896
3. Color or Race: WHITE
4. Sex: MALE
5. Place of Birth a. County: KOOTENAI
b. City or Town of Birth: HARRISON

FATHER

6. Full Name of Father: HANS NOWELLSON STUVE
7. State or Country of Father's Birth: NORWAY

MOTHER

8. Full Maiden Name of Mother: EMMA SARAH LYDIA JENKINS
9. State or Country of Mother's Birth: WISCONSIN

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Manley G Stuve
11. Present Address of Registrant: HUMBIRD, WISCONSIN

NOTARY (Seal)

Subscribed and sworn to before me on March 1 1955

12. Signature of Notary: Dale K. Armitage
13. Notary Commission expires: June 16 1957

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Bible Record	Bible viewed by Sam L. Lavine, Notary		Nov. 21, 1896
Class* A	Date of Birth: Nov. 21, 1896	Birth Place: Harrison, Idaho	Full Name of Mother: Emma Sarah Lydia	Name of Father: H. H. Stuve
SUPPORTING RECORD 2.	Honorable Discharge	U. S. Naval Reserve Force	Date Issued: Sept. 30, 1921	Date Orig. Entry: Jenkins
Class B	Date of Birth: Nov. 21, 1896	Birth Place: Harrison, Idaho	Full Name of Mother: Idaho	Name of Father:
SUPPORTING RECORD 3.	Census Record	By whom issued and signed: Department of Commerce Bureau of the Census	Date Issued: Census of 1900	Date Orig. Entry
Class B	Date of Birth: 3 yrs old	Birth Place: Idaho	Full Name of Mother: Ema S. L. Stuve	Name of Father: Hans H. Stuve

QUALIFYING INFORMATION

Also, insurance policy with the Metropolitan Life Insurance Co gives date of birth as, Nov. 21, 1896 in Harrison, Idaho, policy dated Nov. 5, 1930

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Mabel Feldman	Apr. 26, 1955

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

APR 20 1955

493-22-035-765

Department of Public Health
Division of Vital Statistics
Boise, Idaho

RECEIVED
APR 26 1955
Division of Vital Statistics

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De55-414
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's FULL Name at Birth: Estie Marie Urton		2. Date of Birth (month) January (day) 22 (year) 1896
	3. Color or Race: white	4. Sex: female	5. Place of Birth a. County: Southwick Nez Perce; b. City or Town of Birth: Southwick Nez Perce
FATHER	6. Full Name of Father: Allen Urton		7. State or Country of Father's Birth: Kentuckey
MOTHER	8. Full Maiden Name of Mother: Martha Elizabeth Poe.		9. State or Country of Mother's Birth: Kansas
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Estie Marie Suter	11. Present Address of Registrant: N3½ Post St., Spokane, Wash.
NOTARY (Seal)	Subscribed and sworn to before me on: April 13 - 1955	12. Signature of Notary: Geo E Brown	13. Notary Commission expires: Nov - 5 - 1955

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Bible Record	By whom issued and signed: Bible viewed by Geo. E. Brown, Notary		Date Issued:	Date Orig. Entry: Jan. 22, 1896
Class* A	Date of Birth: Jan. 22,	Birth Place: 1896,	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 2.	Type of Document: Affidavit by brother	By whom issued and signed: E. E. Urton		Date Issued: Apr. 19, 1955	Date Orig. Entry:
Class B	Date of Birth: Jan. 22,	Birth Place: 1896, near Southwick, Idaho	Full Name of Mother: Martha E. Poe	Name of Father: Allen Urton	
SUPPORTING RECORD 3.	Type of Document:	By whom issued and signed:		Date Issued:	Date Orig. Entry:
Class	Date of Birth:	Birth Place:	Full Name of Mother:	Name of Father:	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Mabel Fleener	Apr. 26, 1955

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

APR 28 1955

555704.c 54-796

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De55-430
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Curtis Everett
2. Date of Birth: June 4th 1896
3. Color or Race: White
4. Sex: M
5. Place of Birth: a. County: Washington; b. City or Town of Birth: Weiser, Weiser

FATHER

6. Full Name of Father: Marshall Everett
7. State or Country of Father's Birth: Michigan

MOTHER

8. Full Maiden Name of Mother: Anna Groom
9. State or Country of Mother's Birth: Missouri

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Curtis Everett
11. Present Address of Registrant: Weiser, Idaho

NOTARY (Seal)

Subscribed and sworn to before me on: April 23 1955
12. Signature of Notary: Lowell Lloyd
13. Notary Commission expires: April 1- 1958

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Class* B

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Record of Service from Discharge Certificate	Veterans Administration		4-3-44

Date of Birth	Birth Place	Full Name of Mother	Name of Father
June 4,1896	Weiser, Idaho		

SUPPORTING RECORD 2.

Class B

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Employment Record	United States Civil Service Commission		Jan 24,1934

Date of Birth	Birth Place	Full Name of Mother	Name of Father
June 4,1896			

SUPPORTING RECORD 3.

Class B

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Health & Accident Assn.	Mutual Benefit of Omaha	9-16-1954	

Date of Birth	Birth Place	Full Name of Mother	Name of Father
June 4, 1896	Weiser, Idaho		

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	Joyce B. Foltz	April 29, 1955

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 40067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

MAY 3 1955

593-207-014-295

Department of Public Health
Division of Vital Statistics
Boise, Idaho

RECEIVED
MAY 12 1955
Division of Vital Statistics

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De55-463
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's FULL Name at Birth: Julia Ethel Nichols

2. Date of Birth (month) July (day) 7 (year) 1896

3. Color or Race: White

4. Sex: F

5. Place of Birth a. County: Canyon, now, Dem Co.

b. City or Town of Birth: Falk Store

FATHER

6. Full Name of Father: Casius - Marion-Nichols.

7. State or Country of Father's Birth: Tumway Iowa

MOTHER

8. Full Maiden Name of Mother: Saran Ellen Bivens

9. State or Country of Mother's Birth: Atichson Kansas

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Julia Ethel Nichols Liker

11. Present Address of Registrant: P.O. Box 326 Ocean Lake

NOTARY (Seal)

Subscribed and sworn to before me on May 10 1955

12. Signature of Notary: Wanda Gordon

13. Notary Commission expires: Ore. April 17 1957

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Insurance Policy	Midland National Life Insurance Co	Oct. 14,	1936
Class* B	Date of Birth / Birth Place: July 7, 1896, Falk's Store, Idaho	Full Name of Mother	Name of Father	
SUPPORTING RECORD 2.	Affidavit by brother	Ervin Benjamin Nichols	Jan. 25,	1955
Class B	Date of Birth / Birth Place: July 7, 1896, Falk's Store, Idaho	Full Name of Mother: Sarah Ellen Nichols	Name of Father: Casius M. Nichols	
SUPPORTING RECORD 3.	Child's birth certificate	By whom issued and signed: Division of Vital Statistics Boise, Idaho #26119	Date issued: Sept. 17,	Date Orig. Entry: 1914
Class B	Date of Birth / Birth Place: 19 yrs old Falk, Idaho	Full Name of Mother	Name of Father	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Mary Ellen	May 12, 1955

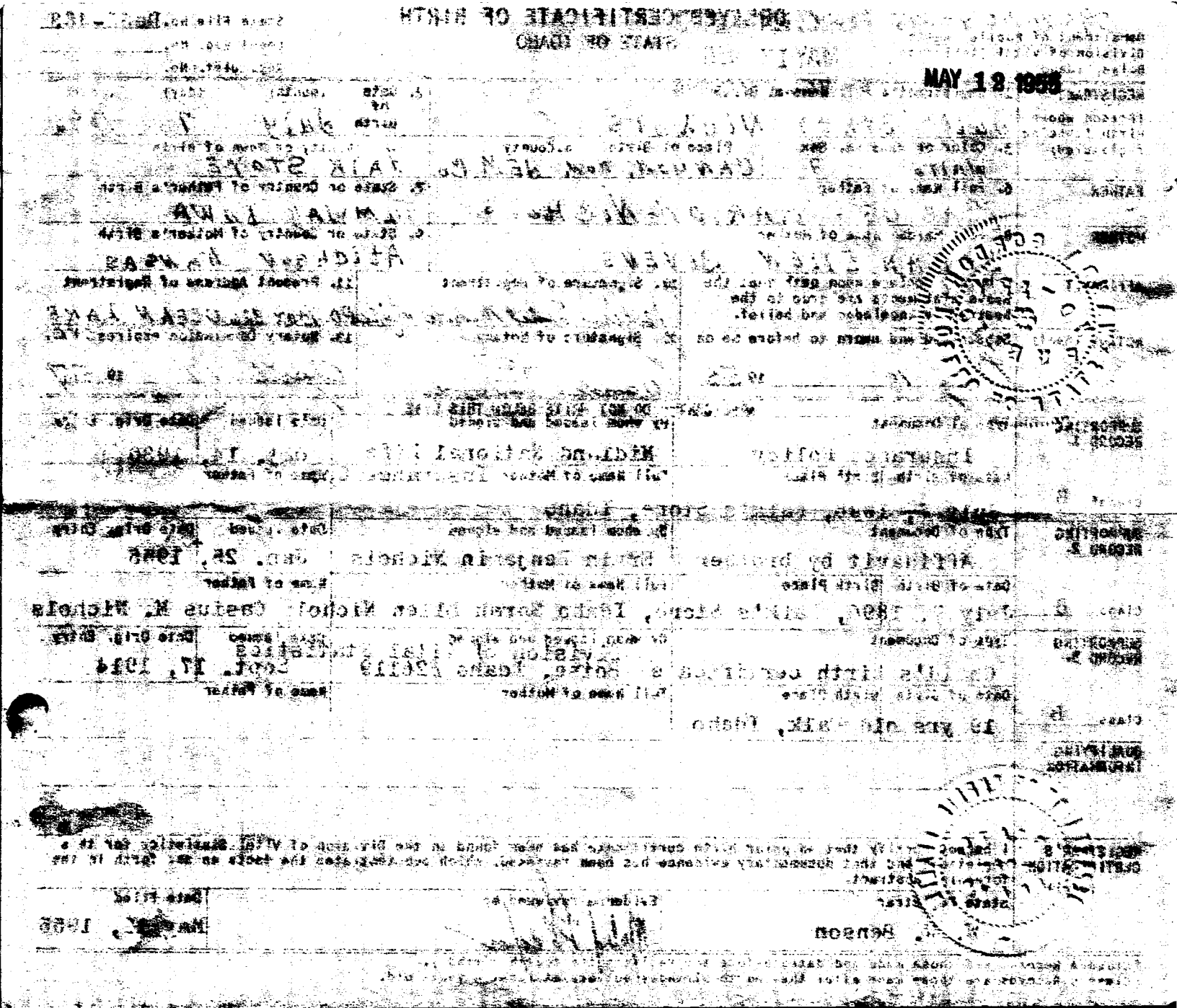
*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH-10067 1ce 10-54

DUPLICATE CERTIFICATE OF BIRTH

STATE OF IDAHO

MAY 12 1958



389-226-036-313 RECEIVED

Department of Public Health
Division of Vital Statistics
Boise, Idaho

JUN 10 1955
Division of Vital Statistics

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De55 566
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Amelia Alzina Christensen		2. Date Of Birth (month) (day) (year): July 26 1896
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Neeley, Oneida, Idaho b. City or Town of Birth: Neeley, Oneida, Idaho
FATHER	6. Full Name of Father: John Christensen		7. State or Country of Father's Birth: Denmark
MOTHER	8. Full Maiden Name of Mother: Annie Calvert		9. State or Country of Mother's Birth: Ogden, Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Amelia Alzina Christensen nee Harris	11. Present Address of Registrant: 431 S. 11th Street, Boise
NOTARY (Seal)	Subscribed and sworn to before me on: March 7 1955	12. Signature of Notary: J. Red Imlay	13. Notary Commission expires: Nov. 24 1957

APPLICANT—DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1. Class* B	Type of Document: Child's birth Certificate #340079	By whom issued and signed: Idaho Bureau of Vital Statistics	Date Issued: 4-8-42	Date Orig. Entry: Child born on Jan. 16, 1918	
	Date of Birth: 22 yrs old	Birth Place: Neeley, Idaho	Full Name of Mother	Name of Father	
SUPPORTING RECORD 2. Class B	Type of Document: Application for Insurance	By whom issued and signed: Mutual Benefit Health & Acc.	Date Issued: Nov. 29, 1949	Date Orig. Entry	
	Date of Birth: July 26, 1896	Birth Place: Neeley, Idaho	Full Name of Mother	Name of Father	
SUPPORTING RECORD 3. Class B	Type of Document: Affidavit by older Sister	By whom issued and signed: Elizabeth Stanger Woodland	Date Issued: March 7, 1955	Date Orig. Entry	
	Date of Birth: July 26, 1896	Birth Place: Neeley, Idaho	Full Name of Mother: Annie Calvert Christensen	Name of Father: John Christensen	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Edna Hamilton	June 10, 1955

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form PRH 10063

NOV 30 1956

236-805-003-569

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. ~~De55-680~~
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Frances Cordellia Sloan		2. Date Of Birth (month) November (day) 5 (year) 1896
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Pocatello, Idaho Bannock; b. City or Town of Birth: Pocatello
FATHER	6. Full Name of Father: William Frances Sloan		7. State or Country of Father's Birth: Salt Lake City, Utah
MOTHER	8. Full Maiden Name of Mother: Etta Marie Norris		9. State or Country of Mother's Birth: Lincoln, Nebr.
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: x Frances Cordellia Nystrom	11. Present Address of Registrant: 3 Commonwealth Ave #7 San Francisco, Calif.
NOTARY (Seal)	Subscribed and sworn to before me on July 20 1955	12. Signature of Notary: x Margaret Lawrence	13. Notary Commission expires ____ 19__

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Insurance Policy	By whom issued and signed: Continental Casualty Company	Date Issued:	Date Orig. Entry: June 20, 1948
Class* B	Date of Birth: 11/5/1896 / Birth Place: Pocatello, Ida.	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 2.	Type of Document: Marriage License	By whom issued and signed: The State of Utah	Date Issued:	Date Orig. Entry: June 14, 1919
Class B	Date of Birth: 22 yrs. old / Birth Place:	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 3.	Type of Document: Affidavit by Aunt	By whom issued and signed: Anna F. Pitt	Date Issued: Jan. 21, 1954	Date Orig. Entry:
Class B	Date of Birth: Nov. 5, 1896 / Birth Place: Pocatello, Ida.	Full Name of Mother: Etta Marie Sloan	Name of Father: William Francis Sloan	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: Joanne Hallstrom	Date Filed*: 7/20/55

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

REVISED CERTIFICATE OF BIRTH

STATE OF IDAHO

Department of Public Health
Division of Vital Statistics
Boise, Idaho

State File No. [illegible]
Local Reg. No. _____
Reg. Dist. No. _____

1. Registrant's Full Name at Birth: Frances Cordelia Sloan

2. Sex: Female | 3. Color or Race: White | 4. Place of Birth: County: Bonneville, City or Town: Idaho Falls | 5. Date of Birth: Month: November, Day: 5, Year: 1890

6. Full Name of Father: William Francis Sloan

7. Birthplace of Father: State or Country: Illinois

8. Full Maiden Name of Mother: Anna P. Pitt

9. Birthplace of Mother: State or Country: Utah

10. Signature of Informant: [illegible]

11. Address of Informant: [illegible]

12. Date Received by Registrar: 7/20/55

13. Signature of Registrar: P. B. Benson

14. Name of Registrar: Joanne Hallstrom

15. Date Filed: 7/20/55

I hereby certify that the above is a true and correct copy of the record as filed in the Division of Vital Statistics.

Date Issued: [illegible]

Class B

Date of Birth: Nov. 5, 1890 | Place of Birth: Pocatello, Ida. | Full Name of Mother: Anna P. Pitt | Maiden Name of Mother: [illegible]

Full Name of Father: William Francis Sloan

Occupation of Father: Attorney at Law

Color or Race: White | Age at Last Birthday: 22 yrs. mos.

Birthplace of Father: State or Country: Illinois

Birthplace of Mother: State or Country: Utah

Name and Address of Informant: [illegible]

Date Received by Registrar: July 20, 1955

RECORD 2

Class B

Date of Birth: Nov. 5, 1890 | Place of Birth: Pocatello, Ida. | Full Name of Mother: Anna P. Pitt | Maiden Name of Mother: [illegible]

Full Name of Father: William Francis Sloan

Occupation of Father: Attorney at Law

Color or Race: White | Age at Last Birthday: 22 yrs. mos.

Birthplace of Father: State or Country: Illinois

Birthplace of Mother: State or Country: Utah

Name and Address of Informant: [illegible]

Date Received by Registrar: July 20, 1955

RECORD 3

Class B

Date of Birth: Nov. 5, 1890 | Place of Birth: Pocatello, Ida. | Full Name of Mother: Anna P. Pitt | Maiden Name of Mother: [illegible]

Full Name of Father: William Francis Sloan

Occupation of Father: Attorney at Law

Color or Race: White | Age at Last Birthday: 22 yrs. mos.

Birthplace of Father: State or Country: Illinois

Birthplace of Mother: State or Country: Utah

Name and Address of Informant: [illegible]

Date Received by Registrar: July 20, 1955

RECORD 4

Class B

Date of Birth: Nov. 5, 1890 | Place of Birth: Pocatello, Ida. | Full Name of Mother: Anna P. Pitt | Maiden Name of Mother: [illegible]

Full Name of Father: William Francis Sloan

Occupation of Father: Attorney at Law

Color or Race: White | Age at Last Birthday: 22 yrs. mos.

Birthplace of Father: State or Country: Illinois

Birthplace of Mother: State or Country: Utah

Name and Address of Informant: [illegible]

Date Received by Registrar: July 20, 1955

RECORD 5

Class B

Date of Birth: Nov. 5, 1890 | Place of Birth: Pocatello, Ida. | Full Name of Mother: Anna P. Pitt | Maiden Name of Mother: [illegible]

Full Name of Father: William Francis Sloan

Occupation of Father: Attorney at Law

Color or Race: White | Age at Last Birthday: 22 yrs. mos.

Birthplace of Father: State or Country: Illinois

Birthplace of Mother: State or Country: Utah

Name and Address of Informant: [illegible]

Date Received by Registrar: July 20, 1955

RECORD 6

Class B

Date of Birth: Nov. 5, 1890 | Place of Birth: Pocatello, Ida. | Full Name of Mother: Anna P. Pitt | Maiden Name of Mother: [illegible]

Full Name of Father: William Francis Sloan

Occupation of Father: Attorney at Law

Color or Race: White | Age at Last Birthday: 22 yrs. mos.

Birthplace of Father: State or Country: Illinois

Birthplace of Mother: State or Country: Utah

Name and Address of Informant: [illegible]

Date Received by Registrar: July 20, 1955

RECORD 7

Class B

Date of Birth: Nov. 5, 1890 | Place of Birth: Pocatello, Ida. | Full Name of Mother: Anna P. Pitt | Maiden Name of Mother: [illegible]

Full Name of Father: William Francis Sloan

Occupation of Father: Attorney at Law

Color or Race: White | Age at Last Birthday: 22 yrs. mos.

Birthplace of Father: State or Country: Illinois

Birthplace of Mother: State or Country: Utah

Name and Address of Informant: [illegible]

Date Received by Registrar: July 20, 1955

RECORD 8

Class B

Date of Birth: Nov. 5, 1890 | Place of Birth: Pocatello, Ida. | Full Name of Mother: Anna P. Pitt | Maiden Name of Mother: [illegible]

Full Name of Father: William Francis Sloan

Occupation of Father: Attorney at Law

Color or Race: White | Age at Last Birthday: 22 yrs. mos.

Birthplace of Father: State or Country: Illinois

Birthplace of Mother: State or Country: Utah

Name and Address of Informant: [illegible]

Date Received by Registrar: July 20, 1955

RECORD 9

Class B

Date of Birth: Nov. 5, 1890 | Place of Birth: Pocatello, Ida. | Full Name of Mother: Anna P. Pitt | Maiden Name of Mother: [illegible]

Full Name of Father: William Francis Sloan

Occupation of Father: Attorney at Law

Color or Race: White | Age at Last Birthday: 22 yrs. mos.

Birthplace of Father: State or Country: Illinois

Birthplace of Mother: State or Country: Utah

Name and Address of Informant: [illegible]

Date Received by Registrar: July 20, 1955

RECORD 10

Class B

Date of Birth: Nov. 5, 1890 | Place of Birth: Pocatello, Ida. | Full Name of Mother: Anna P. Pitt | Maiden Name of Mother: [illegible]

Full Name of Father: William Francis Sloan

Occupation of Father: Attorney at Law

Color or Race: White | Age at Last Birthday: 22 yrs. mos.

Birthplace of Father: State or Country: Illinois

Birthplace of Mother: State or Country: Utah

Name and Address of Informant: [illegible]

Date Received by Registrar: July 20, 1955

RECORD 11

Class B

Date of Birth: Nov. 5, 1890 | Place of Birth: Pocatello, Ida. | Full Name of Mother: Anna P. Pitt | Maiden Name of Mother: [illegible]

Full Name of Father: William Francis Sloan

Occupation of Father: Attorney at Law

Color or Race: White | Age at Last Birthday: 22 yrs. mos.

Birthplace of Father: State or Country: Illinois

Birthplace of Mother: State or Country: Utah

Name and Address of Informant: [illegible]

Date Received by Registrar: July 20, 1955

RECORD 12

Class B

Date of Birth: Nov. 5, 1890 | Place of Birth: Pocatello, Ida. | Full Name of Mother: Anna P. Pitt | Maiden Name of Mother: [illegible]

Full Name of Father: William Francis Sloan

Occupation of Father: Attorney at Law

Color or Race: White | Age at Last Birthday: 22 yrs. mos.

Birthplace of Father: State or Country: Illinois

Birthplace of Mother: State or Country: Utah

Name and Address of Informant: [illegible]

Date Received by Registrar: July 20, 1955

RECORD 13

Class B

Date of Birth: Nov. 5, 1890 | Place of Birth: Pocatello, Ida. | Full Name of Mother: Anna P. Pitt | Maiden Name of Mother: [illegible]

Full Name of Father: William Francis Sloan

Occupation of Father: Attorney at Law

Color or Race: White | Age at Last Birthday: 22 yrs. mos.

Birthplace of Father: State or Country: Illinois

Birthplace of Mother: State or Country: Utah

Name and Address of Informant: [illegible]

Date Received by Registrar: July 20, 1955

RECORD 14

Class B

Date of Birth: Nov. 5, 1890 | Place of Birth: Pocatello, Ida. | Full Name of Mother: Anna P. Pitt | Maiden Name of Mother: [illegible]

Full Name of Father: William Francis Sloan

Occupation of Father: Attorney at Law

Color or Race: White | Age at Last Birthday: 22 yrs. mos.

Birthplace of Father: State or Country: Illinois

Birthplace of Mother: State or Country: Utah

Name and Address of Informant: [illegible]

Date Received by Registrar: July 20, 1955

RECORD 15

Class B

Date of Birth: Nov. 5, 1890 | Place of Birth: Pocatello, Ida. | Full Name of Mother: Anna P. Pitt | Maiden Name of Mother: [illegible]

Full Name of Father: William Francis Sloan

Occupation of Father: Attorney at Law

Color or Race: White | Age at Last Birthday: 22 yrs. mos.

Birthplace of Father: State or Country: Illinois

Birthplace of Mother: State or Country: Utah

Name and Address of Informant: [illegible]

Date Received by Registrar: July 20, 1955

RECORD 16

Class B

Date of Birth: Nov. 5, 1890 | Place of Birth: Pocatello, Ida. | Full Name of Mother: Anna P. Pitt | Maiden Name of Mother: [illegible]

Full Name of Father: William Francis Sloan

Occupation of Father: Attorney at Law

Color or Race: White | Age at Last Birthday: 22 yrs. mos.

Birthplace of Father: State or Country: Illinois

Birthplace of Mother: State or Country: Utah

Name and Address of Informant: [illegible]

Date Received by Registrar: July 20, 1955

RECORD 17

Class B

Date of Birth: Nov. 5, 1890 | Place of Birth: Pocatello, Ida. | Full Name of Mother: Anna P. Pitt | Maiden Name of Mother: [illegible]

Full Name of Father: William Francis Sloan

Occupation of Father: Attorney at Law

Color or Race: White | Age at Last Birthday: 22 yrs. mos.

Birthplace of Father: State or Country: Illinois

Birthplace of Mother: State or Country: Utah

Name and Address of Informant: [illegible]

Date Received by Registrar: July 20, 1955

RECORD 18

Class B

Date of Birth: Nov. 5, 1890 | Place of Birth: Pocatello, Ida. | Full Name of Mother: Anna P. Pitt | Maiden Name of Mother: [illegible]

Full Name of Father: William Francis Sloan

Occupation of Father: Attorney at Law

Color or Race: White | Age at Last Birthday: 22 yrs. mos.

Birthplace of Father: State or Country: Illinois

Birthplace of Mother: State or Country: Utah

Name and Address of Informant: [illegible]

Date Received by Registrar: July 20, 1955

RECORD 19

Class B

Date of Birth: Nov. 5, 1890 | Place of Birth: Pocatello, Ida. | Full Name of Mother: Anna P. Pitt | Maiden Name of Mother: [illegible]

Full Name of Father: William Francis Sloan

Occupation of Father: Attorney at Law

Color or Race: White | Age at Last Birthday: 22 yrs. mos.

Birthplace of Father: State or Country: Illinois

Birthplace of Mother: State or Country: Utah

Name and Address of Informant: [illegible]

Date Received by Registrar: July 20, 1955

RECORD 20

Class B

Date of Birth: Nov. 5, 1890 | Place of Birth: Pocatello, Ida. | Full Name of Mother: Anna P. Pitt | Maiden Name of Mother: [illegible]

Full Name of Father: William Francis Sloan

Occupation of Father: Attorney at Law

Color or Race: White | Age at Last Birthday: 22 yrs. mos.

Birthplace of Father: State or Country: Illinois

Birthplace of Mother: State or Country: Utah

Name and Address of Informant: [illegible]

Date Received by Registrar: July 20, 1955

366222-022-386

Department of Public Health
Division of Vital Statistics
Boise, Idaho.

RECEIVED
JUL 28 1955
Division of Vital Statistics

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De55-699
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Present Name: EDNA COFFIN.		2. Date Of Birth (month) (day) (year): OCTOBER. 22nd. 1896.
	3. Color or Race: WHITE.	4. Sex: FEMALE	5. Place of Birth a. County: FREEMONT COUNTY. b. City or Town of Birth: HOWE, IDAHO.
FATHER	6. Full Name of Father: FRANK. COFFIN.		7. State or Country of Father's Birth: IDAHO.
MOTHER	8. Full Maiden Name of Mother: LOVISA. THORNTON.		9. State or Country of Mother's Birth: UTAH
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Edna Madge	11. Present Address of Registrant: MILK RIVER, ALBERTA, CANADA.
NOTARY (Seal)	Subscribed and sworn to before me on: April 7th. 1955.	12. Signature of Notary: Chas J Vulin	13. Notary Commission expires: ____ 19__

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1. Class* B	Type of Document: church record	By whom issued and signed: L.D.S. Church	Date Issued:	Date Orig. Entry: baptized June 3, 1906
	Date of Birth: Oct. 22, 1896	Birth Place: Howe, Idaho - Fremont Co.	Full Name of Mother: Louisa Thornton	Name of Father: Frank Coffin
SUPPORTING RECORD 2. Class A	Type of Document: Census Record	By whom issued and signed: Department of Commerce Bureau of the Census	Date Issued: 7-6-55	Date Orig. Entry: Census of 1900, June 1
	Date of Birth: 3 years old -	Birth Place: Idaho	Full Name of Mother: Louisa Coffin	Name of Father: Frank Coffin
SUPPORTING RECORD 3. Class	Type of Document:	By whom issued and signed:	Date Issued:	Date Orig. Entry:
	Date of Birth:	Birth Place:	Full Name of Mother:	Name of Father:

QUALIFYING INFORMATION

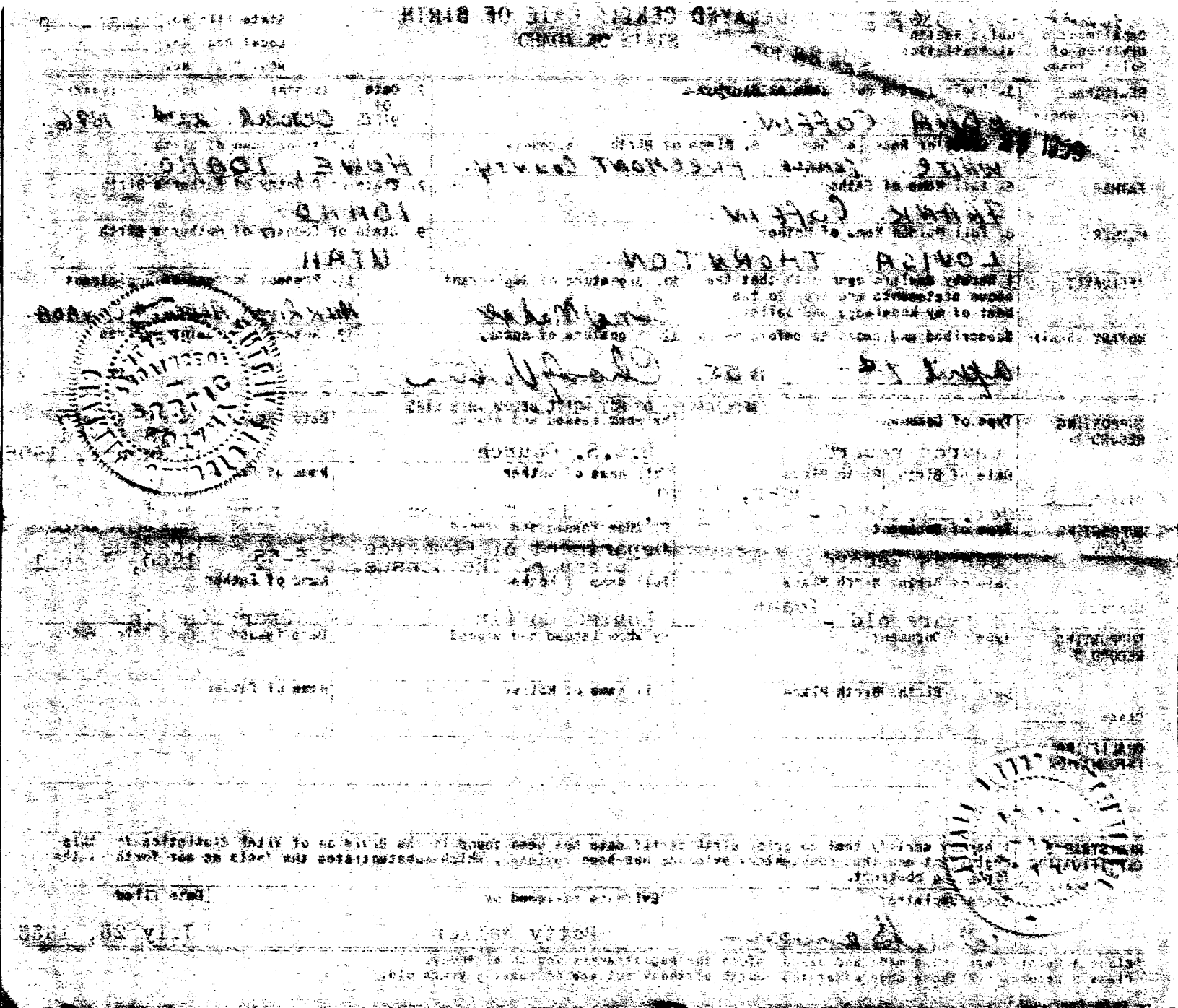
REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	Betty Waller	July 28, 1955

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067



212-222-022-693

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De55-728
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Jane Baker.
2. Date of Birth (month) June (day) 22 (year) 1896
3. Color or Race: White
4. Sex: Female
5. Place of Birth a. City: Marysville b. County: Fremont
b. City or Town of Birth

FATHER

6. Full Name of Father: Wallace Winfield Baker
7. State or Country of Father's Birth: Hubble Nebraska

MOTHER

8. Full Maiden Name of Mother: Permelia Rosemond Williams
9. State or Country of Mother's Birth: Preston, Idaho.

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Jane Ulrich
11. Present Address of Registrant: 3012 Clark St. Boise

NOTARY (Seal)

Subscribed and sworn to before me on August 10 1955
12. Signature of Notary: Paula L. Fleenor
13. Notary Commission expires Oct 23 1956

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1. Class* B	1920 Census Record	Bureau of the Census Washington D. C.	Aug. 1, 1955	Jan. 1, 1920
	Date of Birth / Birth Place	**Full Name of Mother**	**Name of Father**	
	23 yrs. old Idaho			
SUPPORTING RECORD 2. Class B	Certificate of Baptism	L.D.S. Church	Feb. 20, 1955	Mar. 1, 1906
	June 22, 1896 Marysville, Ida.	Permelia Williams	Wallace Baker	
SUPPORTING RECORD 3. Class B	#103686 Child's Birth Certificate	Division of Vital Statistics Boise, Idaho		date of birth Feb. 5, 1922
	25 yrs. old Idaho			

QUALIFYING INFORMATION

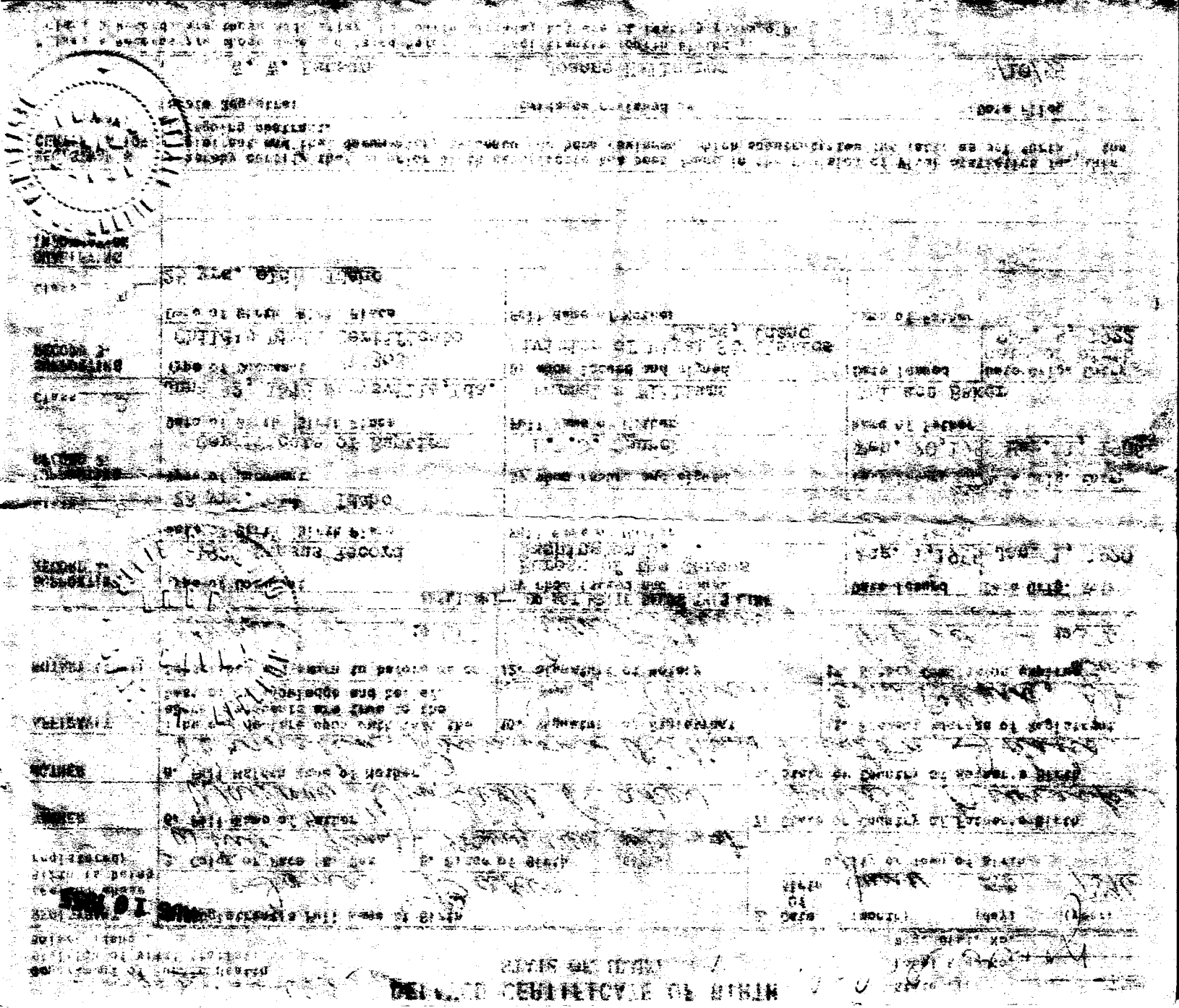
REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Joanne Hallstrom	8/10/55

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH-10067



154-125-036-599

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

RECEIVED
MAR 8 1955
Division of Vital Statistics

State File No. De55-730
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Lorenzo Anderson
2. Date of Birth (month) (day) (year): April 25 1896
3. Color or Race: white
4. Sex: male
5. Place of Birth: a. County: Idaho Oneida; b. City or Town of Birth: Mink Creek

FATHER

6. Full Name of Father: Ole Peder Anderson
7. State or Country of Father's Birth: Aalbeck Denmark

MOTHER

8. Full Maiden Name of Mother: Emma Josephine Erickson
9. State or Country of Mother's Birth: Halbek Denmark

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: x Lorenzo Anderson
11. Present Address of Registrant: 186 E. 2nd East Smithfield Utah

NOTARY (Seal)

Subscribed and sworn to before me on July 16, 1955
12. Signature of Notary: Glenn Beal
13. Notary Commission expires: 2-10-1958

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1. Class* B	church membership record	L. D. S. CHurch	6-28-55	baptized April 25, 1904
	Date of Birth / Birth Place	**Full Name of Mother**	**Name of Father**	
	April 25, 1896 - Mink Creek Idaho	Emma Erickson	Ole P. Anderson	
SUPPORTING RECORD 2. Class B	letter re insurance records	Metropolitan Life Insurance Co.	5-27-55	Aug. 1, 1936
	Date of Birth / Birth Place	**Full Name of Mother**	**Name of Father**	
	April 25, 1896 - Idaho			
SUPPORTING RECORD 3. Class B	affidavit by older brother	Oliver Anderson	8-9-55	
	Date of Birth / Birth Place	**Full Name of Mother**	**Name of Father**	
	April 25, 1896 Mink Creek, Idaho	Emma Erickson	Ole P. Anderson	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	bw Betty Waller	August 11, 1955

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

395/19-025-255

Department of Public Health
Division of Vital Statistics
Boise, Idaho

RECEIVED
AUG 8 1955
Division of Vital Statistics

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De55-739
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name: Thomas Washington Crea			2. Date Of Birth (month) October (day) 19th (year) 1896
	3. Color or Race: White	4. Sex: male	5. Place of Birth a. County: Grangeville, Idaho	b. City or Town of Birth: [redacted] Grangeville
FATHER	6. Full Name of Father: Thomas David Crea			7. State or Country of Father's Birth: Iowa
MOTHER	8. Full Maiden Name of Mother: Clara Ann Kendall			9. State or Country of Mother's Birth: Iowa
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Thomas Washington Crea		11. Present Address of Registrant: Grangeville Idaho.
NOTARY (Seal)	Subscribed and sworn to before me on: Aug. 3 1955	12. Signature of Notary: D. L. Emmers		13. Notary Commission expires: 10/10 1956

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1. Class* B	Type of Document: school record	By whom issued and signed: IDAHO COUNTY BOARD OF EDUCATION, Grangeville, Idaho	Date Issued: 7-28-55	Date Orig. Entry: graduated in 1913
	Date of Birth: 16 years old / Birth Place:	Full Name of Mother: —	Name of Father:	
SUPPORTING RECORD 2. Class B	Type of Document: voting registration	By whom issued and signed: COUNTY OF IDAHO Carl T. Reuter, Clerk of the District Court	Date Issued: 7-28-55	Date Orig. Entry: registered May 22, 1926
	Date of Birth: 29 years old / Birth Place: Idaho	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 3. Class B	Type of Document: insurance application	By whom issued and signed: LOYAL PROTECTIVE LIFE Boston, Mass. #N591114	Date Issued:	Date Orig. Entry: Nov. 17, 1953
	Date of Birth: October 19, 1896 / Birth Place: Idaho	Full Name of Mother:	Name of Father:	
QUALIFYING INFORMATION	census record - issued 10-17-55 - DEPARTMENT OF COMMERCE Bureau of the Census — Census of 1900, June 1			
	3 years old born October 1896 - in Idaho — parents: Thomas D. Crea, Clara Crea			
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.			
	State Registrar	Evidence reviewed by: Betty Waller		Date Filed: August 11, 1955

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

NOV 15 1956

386-101-036-168

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De55-760
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: ALVIN THOMAS
2. Date of Birth: (month) Sept. (day) 1 (year) 1896
3. Color or Race: White
4. Sex: Male
5. Place of Birth: a. County: Oneida; b. City or Town of Birth: Samaria

FATHER

6. Full Name of Father: William R. Thomas
7. State or Country of Father's Birth: Wales of Great Britain

MOTHER

8. Full Maiden Name of Mother: Ellen John
9. State or Country of Mother's Birth: Wales of Great Britain

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Alvin Thomas
11. Present Address of Registrant: Rt 1 Malad Idaho

NOTARY (Seal)

Subscribed and sworn to before me on 17th day of Aug 1955

12. Signature of Notary: Paula P. Fleenor
13. Notary Commission expires: Oct 23 1956

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date issued	Date Orig. Entry
SUPPORTING RECORD 1. Class* B	Church Record	L.D.S. Church		June 29, 1928
	Date of Birth / Birth Place	**Full Name of Mother**	**Name of Father**	
	Sept. 1, 1896 Samaria, Ida.	Ellen John	William R. Thomas	
SUPPORTING RECORD 2. Class B	Marriage Application	State of Utah		Oct. 23, 1925
	Sept.1,1896 Samaria, Idaho	Ellen John	W. R. Thomas	
SUPPORTING RECORD 3. Class B	Child's Birth Certificate	Div. of Vital Statistics State of Utah		child born on Dec. 24, 1927
	31 yrs. old Idaho			

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Joanne Hallstrom	8/17/55

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DRH 40067

AUG 13 1960

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AUG 13 1960

458220-003-238

Department of Public Health
Division of Vital Statistics
Boise, Idaho

RECEIVED
APR 21 1955
Division of Vital Statistics

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De55-785
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name: Mary M. Meyers		2. Date of Birth: March 20 1896
	3. Color or Race: White	4. Sex: Female	5. Place of Birth: a. County: Marsh Center Bannock; b. City or Town of Birth: Marsh Center
FATHER	6. Full Name of Father: Jacob Joseph Meyers		7. State or Country of Father's Birth: Bern, Switzerland
MOTHER	8. Full Maiden Name of Mother: Bertha Scharer		9. State or Country of Mother's Birth: Horgen, Switzerland
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Mary M Halley	11. Present Address of Registrant: 119 S. Center St. Rexburg, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: Dec. 23, 1954	12. Signature of Notary: Vernon C. Mortensen, Probate Judge	13. Notary Commission expires: 19

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1. Class* B	Type of Document: Family Record	By whom issued and signed: Record viewed by V. C. Mortensen, Probate Judge	Date Issued: no date	Date Orig. Entry:
	Date of Birth: Mch 20, 1896	Birth Place: Marsh Center, Idaho	Full Name of Mother: Bertha Sharer	Name of Father: Jacob J. Meyers
SUPPORTING RECORD 2. Class B	Type of Document: Affidavit by mother	By whom issued and signed: Bertha Meyers	Date Issued: Dec. 23,	Date Orig. Entry: 1954
	Date of Birth: Mch 20, 1896	Birth Place: Marsh Center, Idaho	Full Name of Mother: Bertha Meyers	Name of Father:
SUPPORTING RECORD 3. Class B	Type of Document: church record	By whom issued and signed: L.D.S. CHURCH	Date Issued:	Date Orig. Entry: December 29, 1907
	Date of Birth: March 20, 1896	Birth Place: Marsh Center, Idaho	Full Name of Mother: Bertha Scharer	Name of Father: Jacob Joseph Meyers
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Betty Waller	Aug. 29, 1955

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form PHW #6067

AUG 8 0 1955

AUG 1 9 1969

33-217-022-819 RECEIVED

Department of Public Health
Division of Vital Statistics
Boise, Idaho

AUG 29 [illegible]
Division of Vital Statistics

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. D055-828
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Girsel Maude Clark	2. Date Of Birth (month) April (day) 17 (year) 1896
	3. Color or Race: white; 4. Sex: female; 5. Place of Birth a. County: Fremont	b. City or Town of Birth: Teton
FATHER	6. Full Name of Father: George Edward Clark	7. State or Country of Father's Birth: England
MOTHER	8. Full Maiden Name of Mother: Nancy Angeline Harmison	9. State or Country of Mother's Birth: Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. 10. Signature of Registrant: Girsel Maude Hendrickson	11. Present Address of Registrant: 934 W 5th - Port Angeles Washington
NOTARY (Seal)	Subscribed and sworn to before me on July 22nd 1955. 12. Signature of Notary: [signature]	13. Notary Commission expires: October 6 1957

APPLICANT—DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1. Class* B	Type of Document: Certificate of baptism and confirmation	By whom issued and signed: R.L.D.S. Church	Date Issued:	Date Orig. Entry: baptized Aug. 1906
	Date of Birth: April 17, 1896	Birth Place: Teton, Idaho	Full Name of Mother:	Name of Father:
SUPPORTING RECORD 2. Class B	Type of Document: Affidavit by Cousin	By whom issued and signed: Elizabeth A. Hendrickson	Date Issued:	Date Orig. Entry: July 22, 1955
	Date of Birth: Apr. 17, 1896	Birth Place: Teton, Idaho	Full Name of Mother: Nancy Angeline Harmison	Name of Father: George Edward Clark
SUPPORTING RECORD 3. Class B	Type of Document: insurance policy	By whom issued and signed: METROPOLITAN LIFE INSURANCE CO., New York City	Date Issued:	Date Orig. Entry: June 14, 1926
	Date of Birth: 31 years old on next birthday	Birth Place:	Full Name of Mother:	Name of Father:
QUALIFYING INFORMATION				
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.			
	State Registrar: [signature]	Evidence reviewed by: bw Betty Waller		Date Filed: Sept. 13, 1955

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH-H9067



689-22-044-249

Department of Public Health
Division of Vital Statistics
Boise, Idaho

RECEIVED APR 25 1955 Division of Vital Statistics

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De55-829
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Blanche Beatrice White			2. Date Of Birth (month) Feb (day) 12 (year) 1896
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Meadows Washington Idaho	b. City or Town of Birth: Meadows Idaho
FATHER	6. Full Name of Father: Walter White			7. State or Country of Father's Birth: Illinois
MOTHER	8. Full Maiden Name of Mother: Nellie Virginia Smith			9. State or Country of Mother's Birth: Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Blanche White Howard		11. Present Address of Registrant: 1306 S Hall St Grangeville Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: April 21 19 55	12. Signature of Notary: George R Gerrard		13. Notary Commission expires: March 16 19 57

APPLICANT — DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Insurance Policy	Occidental Life Insurance Company		Apr. 10, 1936
Class* B	Date of Birth: Feb. 12, 1896	Birth Place: Meadows, Idaho	Full Name of Mother	Name of Father
SUPPORTING RECORD 2.	affidavit by neighbor	Carrie Goodman	8-6-55	
Class B	Date of Birth: February 12, 1896	Birth Place: Meadows, Idaho	Full Name of Mother: Nellie White	Name of Father: Walter White
SUPPORTING RECORD 3.	family tree record book	viewed by Betty J. Wadley, Notary Public, Grangeville, Idaho	9-9-55	
Class B	Date of Birth: February 12, 1896	Birth Place: New Meadows, Idaho	Full Name of Mother: Nellie V. Smith	Name of Father: Walter White
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W W Benson	Evidence reviewed by: bw Betty Waller	Date Filed: Sept 13, 1955

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

SEP 18 1955

DEC 19 1958

566208-025-819

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De55-982
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Jennie Katherine Howell
2. Date of Birth (month) (day) (year): February 8, 1896
3. Color or Race: White
4. Sex: F
5. Place of Birth a. County: Idaho County
b. City or Town of Birth: Cottonwood

FATHER

6. Full Name of Father: Joseph F. Howell
7. State or Country of Father's Birth: North Carolina

MOTHER

8. Full Maiden Name of Mother: Mary J. Hardin
9. State or Country of Mother's Birth: North Carolina

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Jennie K. Brust
11. Present Address of Registrant: Polson, Montana

NOTARY (Seal)

Subscribed and sworn to before me on: November 4 1955
12. Signature of Notary: [illegible]
Residing at Polson, Mont
13. Notary Commission expires: July 5, 1956

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document: affidavit by uncle
By whom issued and signed: A. Edgar Howell
Date Issued: 10-25-55
Date Orig. Entry:

Class* B
Date of Birth: February 8, 1896
Birth Place: Cottonwood, Idaho Idaho County
Full Name of Mother: Mary J. Hardin
Name of Father: Joseph F. Howell

SUPPORTING RECORD 2.

Type of Document: census record
By whom issued and signed: DEPARTMENT OF COMMERCE Bureau of the Census
Date Issued: 5-28-53
Date Orig. Entry:

Class A
Date of Birth: February 1896; 4 years old
Birth Place: Idaho
Full Name of Mother: Mary J. Howell
Name of Father: Joseph F. Howell

SUPPORTING RECORD 3.

Type of Document:
By whom issued and signed:
Date Issued:
Date Orig. Entry:

Class
Date of Birth:
Birth Place:
Full Name of Mother:
Name of Father:

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: [signature]
Evidence reviewed by: Betty Waller
Date Filed: November 14 1955

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH

REGISTERED NO. [redacted] VON

1. NAME OF CHILD: Jennie Katherine Powell

2. SEX: F

3. DATE OF BIRTH: February 8, 1859

4. PLACE OF BIRTH: Lincoln County

5. NAME OF FATHER: Joseph F. Powell

6. RESIDENCE OF FATHER: [redacted]

7. BIRTHPLACE OF FATHER: Coltonwood

8. AGE OF FATHER: [redacted]

9. OCCUPATION OF FATHER: [redacted]

10. BIRTHPLACE OF MOTHER: North Carolina

11. MAIDEN NAME OF MOTHER: [redacted]

12. RESIDENCE OF MOTHER: [redacted]

13. AGE OF MOTHER: [redacted]

14. OCCUPATION OF MOTHER: [redacted]

15. BIRTHPLACE OF MOTHER: North Carolina

16. NAME OF INFORMANT: [redacted]

17. RESIDENCE OF INFORMANT: Polson, Montana

18. DATE FILED: January 5, 1959

19. SIGNATURE OF REGISTRAR: [redacted]

20. REMARKS: [redacted]

Recorded at Polson, Montana, January 5, 1959

[redacted]

961-224-025-719

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De55-1015
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Susie Roakey		2. Date of Birth (month) (day) (year): Feb. 24, 1896
	3. Color or Race: white	4. Sex: Female	5. Place of Birth a. County: Idaho; b. City or Town of Birth: Grangeville, Idaho
FATHER	6. Full Name of Father: Joseph Roakey		7. State or Country of Father's Birth: Kansas
MOTHER	8. Full Maiden Name of Mother: Hattie Parks		9. State or Country of Mother's Birth: Missouri
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Susie McClellan	11. Present Address of Registrant: Greencreek, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: Nov. 21 1955	12. Signature of ~~EXOFFICIO~~ Co. Recorder: Earl T. Reuter	Notary Commission expires: Idaho County Grangeville Idaho 19

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Bible record	By whom issued and signed: viewed by Carl T. Reuter County Recorder, Grangeville	Date Issued: 11-21-55	Date Orig. Entry
Class* A	Date of Birth: February 24, 1896 / Birth Place	Full Name of Mother: Hattie Roakey	Name of Father: Joseph Roakey	
SUPPORTING RECORD 2.	Type of Document: daughter's birth certificate	By whom issued and signed: STATE OF IDAHO #84322	Date Issued	Date Orig. Entry: child born October 23, 1920
Class B	Date of Birth: 24 years old / Birth Place: Idaho	Full Name of Mother	Name of Father	
SUPPORTING RECORD 3.	Type of Document: statement re insurance application	By whom issued and signed: GREAT WESTERN MUTUAL ASSOCIATION, INC.	Date Issued: 8-24-55	Date Orig. Entry: Dedember 2, 1936
Class B	Date of Birth: February 24, 1896 / Birth Place: Grangeville, Idaho	Full Name of Mother	Name of Father	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. J. Benson	Evidence reviewed by: Betty Waller	Date Filed: November 23 1955

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

STATE OF IDAHO

1955

Sheila Rookey

Female

Idaho

Joseph Rookey

Hattie Parks

Kansas

Missouri

Nov. 21 1955

Feb. 24, 1956

Grangeville, Idaho

Greencreek, Idaho

Idaho County

Grangeville Idaho

Birth Record

Certificate

Idaho

Clerk

Certificate

Idaho

Greencreek, Idaho

Nov. 25, 1955

Betty Walter

November 25 1955

437-117-029-437

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De55-1022
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Merton Cromwell McGraw
2. Date of Birth (month) (day) (year): October 17 1896
3. Color or Race: White
4. Sex: Male
5. Place of Birth a. County: Idaho Latah
b. City or Town of Birth: Kendrick

FATHER

6. Full Name of Father: Mansfield Cromwell McGraw
7. State or Country of Father's Birth: Florence, Illinois

MOTHER

8. Full Maiden Name of Mother: Aldora Susan McGraw
9. State or Country of Mother's Birth: Iowa City, Iowa

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Merton Cromwell McGraw
11. Present Address of Registrant: 6 [illegible] St. Lincoln Nebr.

NOTARY (Seal)

Subscribed and sworn to before me on: November 15, 1955
12. Signature of Notary: Arthur L. Hawman Notary Public for Wash.
13. Notary Commission expires: Feb. 24, 1959

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Class* A

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Bible Record	viewed by Arthur L. Hawman Notary Public	11-15-55	near time of birth

Date of Birth	Birth Place	Full Name of Mother	Name of Father
October 17, 1896		Aldorah Susan Yockey	Mansfield Cromwell McGrew

SUPPORTING RECORD 2.

Class B

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
miltary record	U. S. ARMY		enlisted Jan. 8, 1918

Date of Birth	Birth Place	Full Name of Mother	Name of Father
21 years old	Kendrick, Idaho		

SUPPORTING RECORD 3.

Class

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry

Date of Birth	Birth Place	Full Name of Mother	Name of Father

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

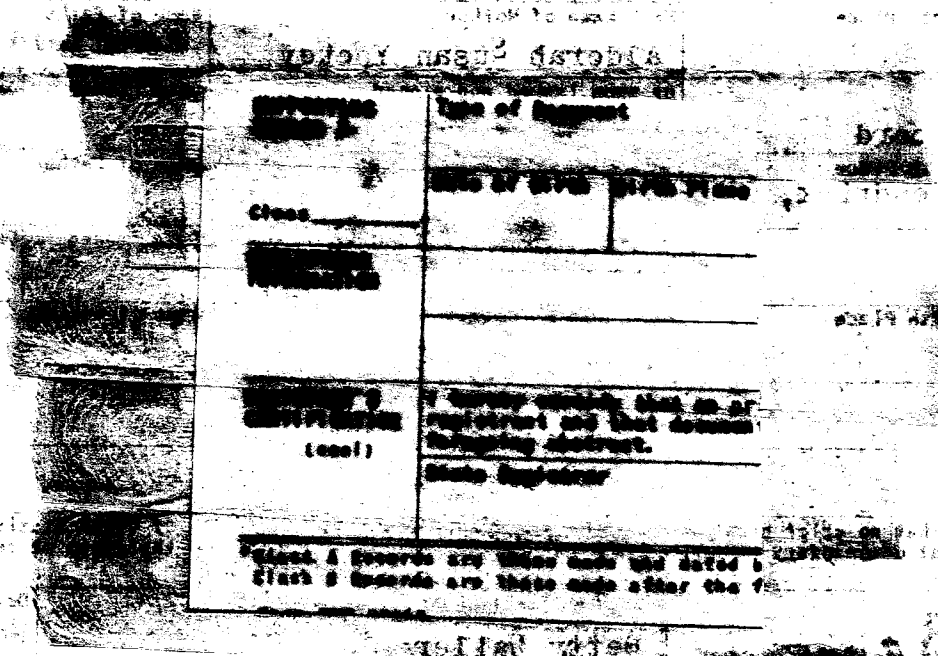
State Registrar	Evidence reviewed by	Date Filed
W W Benson	Betty Waller	November 23 1955

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH #0067



MAY 5 1955



213-102-029-893

Department of Public Health
Division of Vital Statistics
Boise, Idaho

RECEIVED
OCT 13 1955
Division of Vital Statistics

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De55-1060
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Harney Barger Bateman			2. Date of Birth (month) (day) (year): April 2 1896	
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Little Potlatch, Latah	b. City or Town of Birth: Little Potlatch	
FATHER	6. Full Name of Father: Charley Wesley Bateman			7. State or Country of Father's Birth: Dayton Idaho.	
MOTHER	8. Full Maiden Name of Mother: Sarah Jane Miller			9. State or Country of Mother's Birth: Baker Oregon	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: X Harney Barger Bateman	11. Present Address of Registrant: Culdesac Ida	
NOTARY (Seal)	Subscribed and sworn to before me on: March 24 1952		12. Signature of Notary: Jean Wegelius	13. Notary Commission expires: Oct. 26 1952	

APPLICANT—DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: son's birth certificate		By whom issued and signed: STATE OF IDAHO #118298	Date Issued: 3-9-42	Date Orig. Entry: child born July 13, 1923
Class* B	Date of Birth: 27 years old	Birth Place: Idaho	Full Name of Mother: -	Name of Father:	
SUPPORTING RECORD 2.	Type of Document: insurance application		By whom issued and signed: MUTUAL BENEFIT HEALTH & ACCIDENT, Omaha#109081-17M	Date Issued:	Date Orig. Entry: March 13 1947
Class B	Date of Birth: April 2 1896	Birth Place: Idaho	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 3.	Type of Document: affidavit by aunt		By whom issued and signed: Mary Elizabeth Shreffler Baker, Oregon	Date Issued: 11-8-55	Date Orig. Entry:
Class B	Date of Birth: April 2 1896	Birth Place: Genesee, Idaho Latah County	Full Name of Mother: Sarah Jane Miller	Name of Father: Charles Wesley Bateman	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W W Benson	Evidence reviewed by: bw Betty Waller	Date Filed: December 5 1955

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

815201-006-514

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De55-1109
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Eva Bertha Hansen
2. Date Of Birth: (month) April (day) 1st (year) 1896
3. Color or Race: white
4. Sex: female
5. Place of Birth: a. County: Bingham County; b. City or Town of Birth: Presto

FATHER

6. Full Name of Father: Rasmus Edward Hansen
7. State or Country of Father's Birth: Soda Springs, Idaho

MOTHER

8. Full Maiden Name of Mother: Phoebe Ellen Vaughn
9. State or Country of Mother's Birth: Park City, Utah

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Eva B Hansen Garnand
11. Present Address of Registrant: 2193 Elizabeth Street, Twin Falls, Idaho

NOTARY (Seal)

Subscribed and sworn to before me on: September 30th 1955
12. Signature of Notary: Earl M. Doty
13. Notary Commission expires: February 8th 1957

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1. Class* B	Type of Document: affidavit by friend of family	By whom issued and signed: Henry R. Boice	Date Issued: 10-3-55	Date Orig. Entry:	
	Date of Birth: October 1, 1896	Birth Place: Presto, Idaho Bingham County	Full Name of Mother: Phoebe Ellen Vaughn	Name of Father: Rasmus Edward Hansen	
SUPPORTING RECORD 2. Class B	Type of Document: family record of births	By whom issued and signed: viewed by V. F. Wootton, Clerk of the District Court	Date Issued: 10-3-55	Date Orig. Entry:	
	Date of Birth: April 1, 1896	Birth Place:	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 3. Class B	Type of Document: affidavit by midwife	By whom issued and signed: Annie Hansen Tarr, Pocatello, Idaho	Date Issued: 12-17-55	Date Orig. Entry:	
	Date of Birth: April 1, 1896	Birth Place: Presto, Idaho Bingham County	Full Name of Mother: Phoebe Ellen Vaughn	Name of Father: Rasmus Edward Hansen	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: W. J. Benson
Evidence reviewed by: bw Betty Waller
Date Filed: December 28 1955

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DEC 29 1965

STATE OF IDAHO

CERTIFICATE OF BIRTH

1. NAME OF CHILD (First, Middle, Last)
Charles Edward Loosen

2. SEX
Female

3. DATE OF BIRTH (Month, Day, Year)
December 20th, 1932

4. PLACE OF BIRTH
a. CITY OR TOWN
Pocatello

b. COUNTY
Bannock

c. NAME OF HOSPITAL OR GIVE STREET ADDRESS
Pocatello General Hospital

5. USUAL RESIDENCE OF MOTHER (Before marriage if applicable)
a. STATE
Idaho

b. COUNTY
Bannock

c. CITY OR TOWN (If outside city limits, give rural route number)
Pocatello

6. FULL NAME OF FATHER
Charles Edward Loosen

7. FULL MAIDEN NAME OF MOTHER
Thelma Bernice Vanderpool

8. COLOR OR RACE
White

9. AGE AT LAST BIRTHDAY (Years)
33

10. BIRTHPLACE (State or Foreign Country)
Idaho

11. USUAL OCCUPATION (Give kind of work done during most of working life, even if not now employed)
Housewife

12. INDUSTRY OR BUSINESS
Home

13. NUMBER OF CHILDREN BORN ALIVE TO THIS MOTHER, INCLUDING THIS BIRTH
2

14. NUMBER OF OTHER CHILDREN NOW LIVING
1

15. DATE OF MARRIAGE (Month, Day, Year)
September 20th, 1952

16. BIRTHPLACE (State or Foreign Country)
Idaho

17. RESIDENCE (Street address, city, county, state)
Pocatello, Idaho

18. SIGNATURE OF INFORMANT
Thelma Bernice Loosen

19. DATE SIGNED (Month, Day, Year)
December 29th, 1965

20. NAME AND ADDRESS OF PERSON WHO PREPARED THIS INFORMATION (Type or print)
Thelma Bernice Loosen
Pocatello, Idaho

21. DATE RECEIVED BY LOCAL REGISTRAR (Month, Day, Year)
December 29th, 1965

22. REGISTRAR'S SIGNATURE
Ruth Hansen

23. DATE REGISTERED (Month, Day, Year)
December 29th, 1965

CERTIFICATION OF BIRTH

I hereby certify that the above is a true and correct copy of the certificate of birth filed in the Bureau of Vital Statistics, Department of Health, Welfare and Safety, State of Idaho.

Issued this 29th day of December, 1965

Ruth Hansen
Registrar

Date Issued: December 29th, 1965

Fee: $3.00

239-207-035-249

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De55-1110
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Minnie May Strange
2. Date of Birth (month) (day) (year): October 7, 1896
3. Color or Race: White
4. Sex: F.
5. Place of Birth: a. County: Nez Perce; b. City or Town of Birth: Mohler

FATHER

6. Full Name of Father: George W. Strange
7. State or Country of Father's Birth: Oregon

MOTHER

8. Full Maiden Name of Mother: Rachel A. Smith
9. State or Country of Mother's Birth: California

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Minnie M. Labusch
11. Present Address of Registrant: 6104 S. E. Francis St. Portland 6, Oregon.

NOTARY (Seal)

Subscribed and sworn to before me on: December 2 1955

12. Signature of Notary: Francis M. Legg
13. Notary Commission expires: April 17, 1955

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document: AFFIDAVIT BY MOTHER
By whom issued and signed: RACHEL A. STRANGE
Date Issued: 12-2-55
Date Orig. Entry:
Class*: B
Date of Birth: October 7 1896
Birth Place: Mohler, Idaho
Full Name of Mother: Rachel A. Smith
Name of Father: George W. Strange

SUPPORTING RECORD 2.

Type of Document: SOCIAL SECURITY RECORD
By whom issued and signed: TREASURY DEPARTMENT Internal Revenue Service
Date Issued:
Date Orig. Entry: September 2 1941
Class: B
Date of Birth: October 7 1896
Birth Place: Molor, Idaho
Full Name of Mother: Rachel A. Smith
Name of Father: George W. Strange

SUPPORTING RECORD 3.

Type of Document: INSURANCE POLICY
By whom issued and signed: WHOLE LIFE INDUSTRIAL POLICY METROPOLITAN LIFE INSURANCE
Date Issued:
Date Orig. Entry: December 1 1941
Class: B
Date of Birth: age next birthday 46 years
Birth Place: New York, N.Y.
Full Name of Mother:
Name of Father:

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: W. W. Benson
Evidence reviewed by: Betty Waller
Date Filed: December 28 1955

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form PRH-H0067

Annie May Trudge

October 7, 1896

Mohler Rose Petco

Mohler

Oregon

California

Richard A. Smith

CLERK

December 4 1855

APRIL 17, to 85

458-122-043-336

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De56-058
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Harvey H. DeHaas
2. Date of Birth (month) (day) (year): Feb. 22, 1896
3. Color or Race: White
4. Sex: M.
5. Place of Birth a. County: Vanwyck,
b. City or Town of Birth: Vanwyck

FATHER

6. Full Name of Father: John W. DeHaas
7. State or Country of Father's Birth: Penn.

MOTHER

8. Full Maiden Name of Mother: Martha E. Lloid
9. State or Country of Mother's Birth: Oregon

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Harvey H DeHaas
11. Present Address of Registrant: Caseade Idaho

NOTARY (Seal)

Subscribed and sworn to before me on: January 17 1956
12. Signature of Notary: Nina R. Carvall
13. Notary Commission expires: 4.5-59 Boise, Idaho April 5, 1959 19

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Child's birth Certificate	State of Idaho #187659	Sept.5,1922	Sept.5, 1922
Class* B	Date of Birth: Age 26 / Birth Place: Idaho	Full Name of Mother	Name of Father	
SUPPORTING RECORD 2.	Census Record	Bureau of Census Department of Commerce	Feb.19,1955	June 1, 1900
Class A	Date of Birth: Feb. 1896 / Birth Place: Idaho	Full Name of Mother: Martha E. Dehaas	Name of Father: John W. Dehaas	
SUPPORTING RECORD 3.	Honorable Discharge	R.M. Martin- Commanding United States Army	Nov. 16,1918	Nov.16, 1918
Class B	Date of Birth: Age 22 / Birth Place: Idaho	Full Name of Mother	Name of Father	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	Verna Reisch	January 17,1956

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

STATE OF IDAHO

CERTIFICATE OF BIRTH

Department of Public Health
Division of Vital Statistics

REGISTERED

(Person whose birth is being registered)

1. Child's full name at birth
2. Sex
3. Place of birth
4. County
5. Date of birth (Month) (Day) (Year)

FATHER

6. Full name of Father
7. State or Country of Father's Birth

MOTHER

8. Full Maiden Name of Mother
9. State or Country of Mother's Birth

INFORMANT

10. Signature of Informant
11. Mailing Address
12. Relationship

SWORN

13. Subscribed and sworn to before me
14. Notary Commission expires

ATTENDANT

15. Signature of Attendant
16. Address
17. Date Signed

CERTIFICATION OF BIRTH

18. I hereby certify that I attended the birth stated above, which occurred at the time and date and place as set forth in the above certificate.

Attendant's Name and Address

Date Signed

Evidence received by

Date Filed

Local Registrar

Date Accepted for Registration

Local File No. Dec.-328

Vital Statistics Registration No.

Reg. Dist. No.

386-201-003-d15

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De56-121
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Jessie ann Thomas.
2. Date of Birth (month) June (day) 1 (year) 1896
3. Color or Race: white
4. Sex: female
5. Place of Birth: a. County Oxford Bannock; b. City or Town of Birth

FATHER

6. Full Name of Father: Preston Thomas.
7. State or Country of Father's Birth: Lehi. Utah. U.S.A.

MOTHER

8. Full Maiden Name of Mother: Mary Ellen Sant
9. State or Country of Mother's Birth: Hamiltons Fort. Utah

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Jessie ann Thomas Obr
11. Present Address of Registrant: Stirling, alberta Canada

NOTARY (Seal)

Subscribed and sworn to before me on Nov 7 19 55

12. Signature of Notary: Eldred Nelson
13. Notary Commission expires: Dec 31 19 55

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1. Class* B	Type of Document: AFFIDAVIT BY OLDER SISTER	By whom issued and signed: LUCY J. YOUNG	Date Issued: 11-15-55	Date Orig. Entry:	
	Date of Birth: June 1 1896	Birth Place: Oxford, Idaho	Full Name of Mother: Mary Ellen Sant Thomas	Name of Father: Preston Thomas	
SUPPORTING RECORD 2. Class A	Type of Document: CHURCH RECORD	By whom issued and signed: L.D.S. CHURCH	Date Issued: 1-16-56	Date Orig. Entry: entered on record 9-3-1896	
	Date of Birth: June 1 1896	Birth Place: Oxford, Idaho Bannock County	Full Name of Mother: M.E. Sant	Name of Father: Preston Thomas	
SUPPORTING RECORD 3. Class B	Type of Document: DAUGHTER'S BIRTH CERTIFICATE	By whom issued and signed: STATE OF IDAHO #115929	Date Issued: 1-10-44	Date Orig. Entry: child born July 1, 1923	
	Date of Birth: 27 years old	Birth Place: Idaho	Full Name of Mother:	Name of Father:	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. P. Benson	Betty Waller	February 2 1956

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH #9067

437-214-029-314

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De56-149
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Mabel Blanche McGraw
2. Date of Birth (month) (day) (year): Nov. 14 1896
3. Color or Race: white
4. Sex: Fem.
5. Place of Birth a. County: Latah
b. City or Town of Birth: Kendrick

FATHER

6. Full Name of Father: Marcus Luther McGraw
7. State or Country of Father's Birth: Kentucky

MOTHER

8. Full Maiden Name of Mother: Annie Elizabeth Lamar
9. State or Country of Mother's Birth: Kentucky

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Blanche M. McCay
11. Present Address of Registrant: 1187 E.San Fernando San Jose, Calif.

NOTARY (Seal)

Subscribed and sworn to before me on: February 6 1954
12. Signature of Notary: [signature]
13. Notary Commission expires: April 2 1957

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1. Class* B

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
STATEMENT RE APPLICATION FOR INSURANCE	PRUDENTIAL INSURANCE CO. OF AMERICA, Los Angeles	3-16-54	May 28 1934

Date of Birth	Birth Place	Full Name of Mother	Name of Father
November 14, 1896	Idaho	98 811 664	

SUPPORTING RECORD 2. Class B

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SOCIAL SECURITY RECORD # 572 - 07- 0792	TREASURY DEPARTMENT Internal Revenue Service		signed May 11, 1937

Date of Birth	Birth Place	Full Name of Mother	Name of Father
November 14, 1896	Kendrick, Idaho	Annie Elizabeth Lemar	Marcus Luther McGraw

SUPPORTING RECORD 3. Class B

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SON'S BIRTH CERTIFICATE	STATE OF CALIFORNIA	1-27-56	child born Odtober 18, 1935

Date of Birth	Birth Place	Full Name of Mother	Name of Father
38 years old	Idaho		

QUALIFYING INFORMATION

MARRIAGE RECORD COUNTY OF ASOTIN Asotin, Washington issued 9-21-54 married October 5, 1913

Blanche McGraw was 16 years of age birthplace: Idaho parents: Luther McGraw and Annie Lamar

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	bw Betty Waller	February 14 1956

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

FEB 15 1956

CHILD

1. Full name at birth
Mary Lassone Logsdon

2. Date of Birth (Month, Day, Year)
Nov. 20, 1954

3. Sex
Female

4. Place of Birth (County)
Latah

5. City or Town of Birth
Moscow

FATHER

6. Full Name at Birth
Theodore Luther McCown

7. Race or Color
Caucasian

8. Age at Birth
Adult

9. State or Country of Birthplace
Kentucky

MOTHER

10. Full Maiden Name of Mother
Ruth Elizabeth Dural

11. Race or Color
Caucasian

12. Age at Birth
Adult

13. State or Country of Birthplace
Kentucky

AFFIDAVIT

I swear (or affirm) that the above statements are true to the best of my knowledge and belief.

14. Signature of Registrant
Theodore Luther McCown

15. Address of Registrant
Moscow, Idaho

SECTION 1 (cont'd)

Subscribed and sworn to before me on
February 5, 1956

16. Signature and Title of Official
Ruth Elizabeth Dural
Notary Public

17. Address of Official
Moscow, Idaho

SUPPORTING RECORD 1

Class of Birth
Normal

Birth Place
Idaho

Type of Document
STATEMENT BY
ATTENDING PHYSICIAN

Name of Father
Theodore Luther McCown

Name of Mother
Ruth Elizabeth Dural

Date Issued
3-16-56

SUPPORTING RECORD 2

Date of Birth

Birth Place

Type of Document

Full Name of Father

Name of Father

Date Issued

Date Orig. Entry

Date of Birth

Birth Place

Type of Document

Full Name of Mother

By whom issued and signed

Name of Father

Date Issued

Date Orig. Entry

CERTIFICATION

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been received which substantiates the facts as set forth in the foregoing abstract.

State Registrar

By

Evidence received by

Date filed

962-206-001-276

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De56-174
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Katherine Ross	2. Date of Birth (month) (day) (year): October - 6 - 1896
	3. Color or Race: White; 4. Sex: Female; 5. Place of Birth: a. County: Ada; b. City or Town of Birth: Boise	
FATHER	6. Full Name of Father: Douglas William Ross	7. State or Country of Father's Birth: Canada
MOTHER	8. Full Maiden Name of Mother: Edith Evangeline Spofford	9. State or Country of Mother's Birth: Vermont
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Katherine Ross Baughman
		11. Present Address of Registrant: 43 Alamo Ave Berkeley Calif.
NOTARY (Seal)	Subscribed and sworn to before me on: January 31 1956	12. Signature of Notary: Helen B. Smith
		13. Notary Commission expires: My Commission Expires August 23, 1959 19

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: SON'S BIRTH CERTIFICATE	By whom issued and signed: STATE OF CALIFORNIA	Date Issued: 1-12-56	Date Orig. Entry: child born May 10, 1929
Class* B	Date of Birth: 32 years old; Birth Place: Idaho	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 2.	Type of Document: AFFIDAVIT BY AUNT	By whom issued and signed: INEZ S. ROSS	Date Issued: 1-31-56	Date Orig. Entry:
Class B	Date of Birth: October 6 1896; Birth Place: Boise, Idaho Ada County	Full Name of Mother: Edith Spofford	Name of Father: Douglas William Ross	
SUPPORTING RECORD 3.	Type of Document: 69 36 9613 SOCIAL SECURITY RECORD	By whom issued and signed: TREASURY DEPARTMENT Internal Revenue Service	Date Issued:	Date Orig. Entry: February 14 1946
Class B	Date of Birth: October 6 1896; Birth Place: Boise, Idaho Ada County	Full Name of Mother: Edith Spofford	Name of Father: Douglas William Ross	
QUALIFYING INFORMATION				

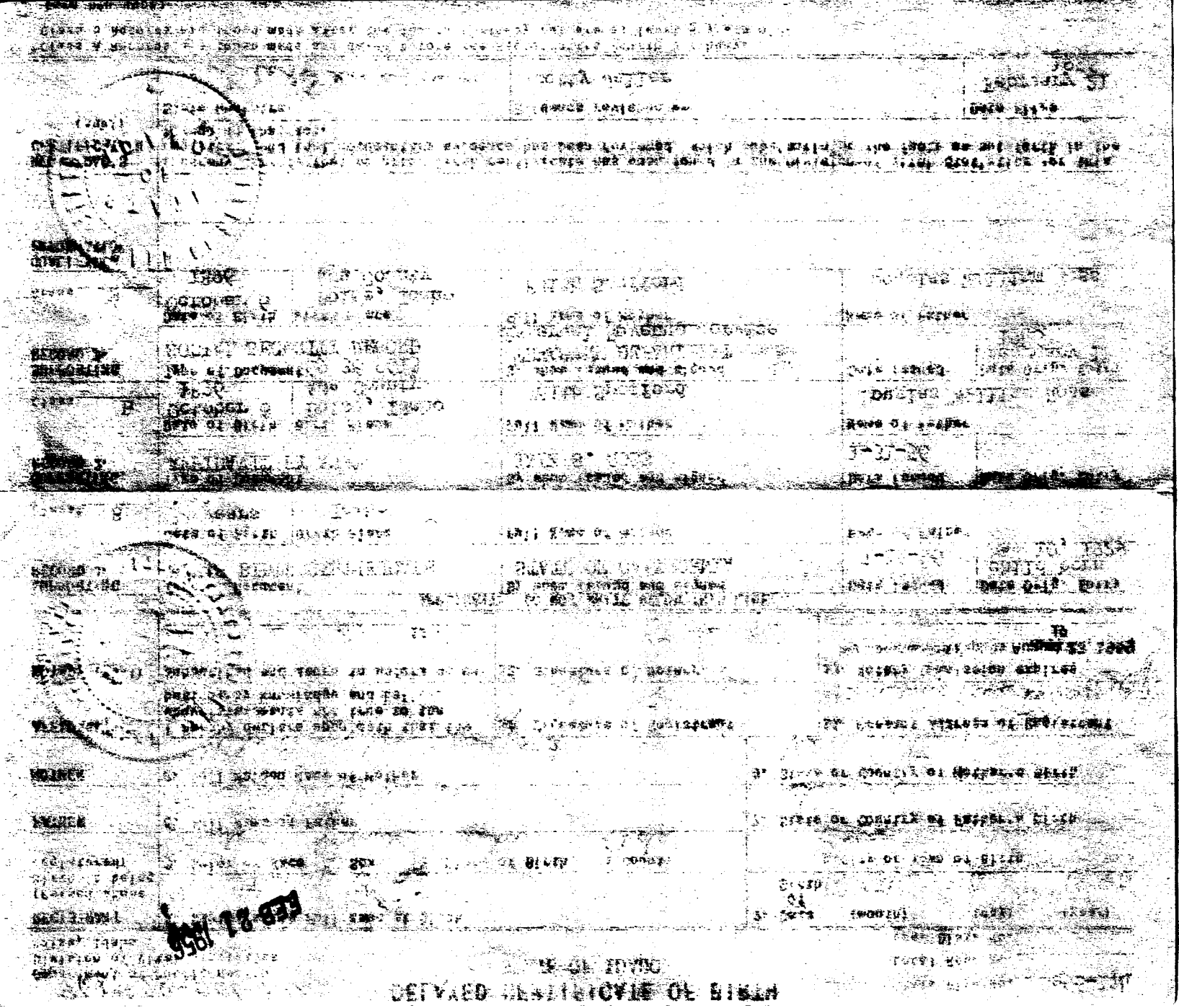
REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	Betty Waller	February 21 1956

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067



666-220-022-694

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De56-294
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Bessie Oella Woodvine		2. Date of Birth (month) August (day) 20 (year) 1896
	3. Color or Race: Caucasian	4. Sex: female	5. Place of Birth a. County: Rexburg, Fremont; b. City or Town of Birth: Rexburg, Idaho
FATHER	6. Full Name of Father: George Walter Woodvine		7. State or Country of Father's Birth: England
MOTHER	8. Full Maiden Name of Mother: Mary (No middle name) Widdall		9. State or Country of Mother's Birth: England
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Bessie Oella Wilson	11. Present Address of Registrant: Portland, Ore. 5005 S. E. Lincol St.
NOTARY (Seal)	Subscribed and sworn to before me on: March 16th 1956	12. Signature of Notary: E. E. Bowen	13. Notary Commission expires: June 14th 1956

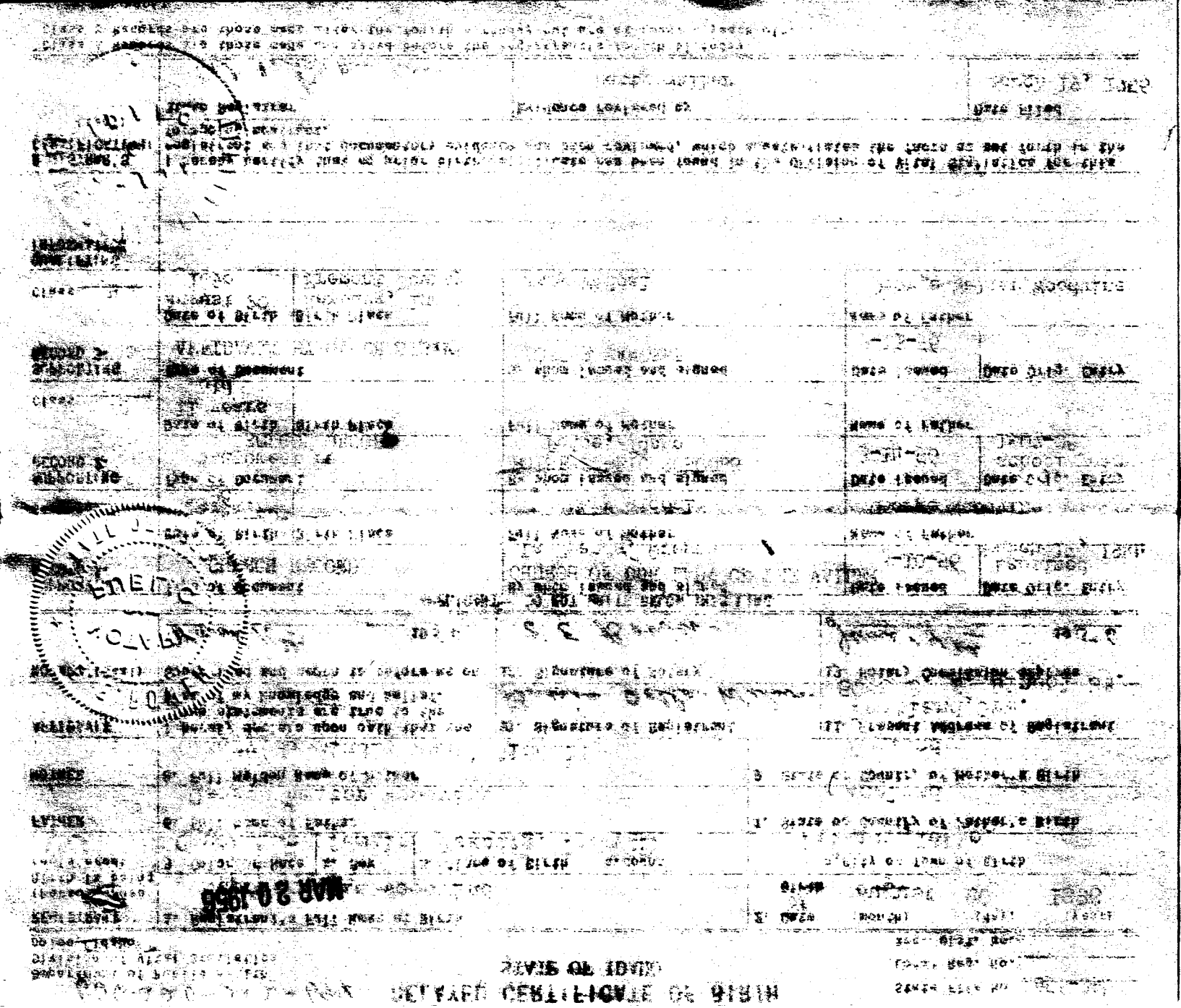
APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1. Class* B	Type of Document: CHURCH RECORD	By whom issued and signed: CHURCH OF OUR LADY OF THE VALLEY, La Grande, Oregon	Date Issued: 3-10-56	Date Orig. Entry: baptized March 17, 1944	
	Date of Birth: August 20 1896	Birth Place:	Full Name of Mother: Mary Widdal	Name of Father: George Woodvine	
SUPPORTING RECORD 2. Class B	Type of Document: Statement re SCHOOL RECORD	By whom issued and signed: BOISE PUBLIC SCHOOLS, Boise, Idaho	Date Issued: 3-14-56	Date Orig. Entry: school year 1907-08	
	Date of Birth: 11 years old	Birth Place:	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 3. Class B	Type of Document: AFFIDAVIT BY OLDER SISTER	By whom issued and signed: LOUISE SANDERS	Date Issued: 3-13-56	Date Orig. Entry:	
	Date of Birth: August 20 1896	Birth Place: Rexburg, Idaho Fremont County	Full Name of Mother: Mary Widdal	Name of Father: George Walter Woodvine	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: Betty Waller	Date Filed: March 19, 1956

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 40067



769-206-040-895

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De56-391
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Beatrice Porteous
2. Date of Birth (month) Feb. (day) 6 (year) 1896.
3. Color or Race: White
4. Sex: F.
5. Place of Birth: a. County Idaho Shoshone; b. City or Town of Birth: Wardner.

FATHER

6. Full Name of Father: John Porteous
7. State or Country of Father's Birth: Canada

MOTHER

8. Full Maiden Name of Mother: Elizabeth Nirlinger
9. State or Country of Mother's Birth: Colorado.

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Mrs. Beatrice Upton
11. Present Address of Registrant: 119 Kramer ia St. Denver-Colo.

NOTARY (Seal)

Subscribed and sworn to before me on: April 10 1956
12. Signature of Notary: Howell E. Morris
13. Notary Commission expires: JAN 28 1958 19

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Statement re APPLICATION FOR INSURANCE	METROPOLITAN LIFE INSURANCE CO., San Francisco #300-472	PM 3-15-56	dated June 24, 1901
Class* B	Date of Birth: February 6, 1896 — Birth Place: Wardner Idaho	Full Name of Mother: Elizabeth Porteous	Name of Father:	
SUPPORTING RECORD 2.	Type of Document: CENSUS RECORD	By whom issued and signed: DEPARTMENT OF COMMERCE Bureau of the Census	Date Issued: 3-2-56	Date Orig. Entry: Census of 1900 June 1
Class B	Date of Birth: 4 years old February, 1896 — Birth Place: Idaho	Full Name of Mother: Elizabeth Porteous	Name of Father: John Porteous	
SUPPORTING RECORD 3.	Type of Document: Statement re SCHOOL RECORD	By whom issued and signed: UNIVERSITY OF OREGON Eugene, Idaho	Date Issued:	Date Orig. Entry: entered Jan. 3, 1918
Class B	Date of Birth: 1896 — Birth Place:	Full Name of Mother: Mrs. John Porteous	Name of Father: John Porteous	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
[signature]	Betty Waller	April 12, 1956

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

STATE OF IDAHO

DEPARTMENT OF TRANSPORTATION

DO NOT WRITE BELOW THIS LINE

551-11-006-993

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De56-446
Local Reg. No.
Reg. Dist. No.

Eugene Homer Evans

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Eugene Homer Evans		2. Date Of Birth (month) July (day) 11 (year) 1896
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Bingham; b. City or Town of Birth: Fort Hall
FATHER	6. Full Name of Father: Henry Williams Evans		7. State or Country of Father's Birth: Utah
MOTHER	8. Full Maiden Name of Mother: Mary Jane Richards Evans		9. State or Country of Mother's Birth: Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Eugene Homer Evans	11. Present Address of Registrant: 250 Ro Garfield Pocatello
NOTARY (Seal)	Subscribed and sworn to before me on: April 23 1956	12. Signature of Notary: A. C. Evans	13. Notary Commission expires: 8 - 11 1958

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Statement re lodge record	By whom issued and signed: Portneuf Lodge No. 18, A F & A M Pocatello, Idaho	Date Issued: 4-3-56	Date Orig. Entry: applied May 6, 1945
Class* B	Date of Birth: July 11 1896; Birth Place: Fort Hall Idaho	Full Name of Mother	Name of Father	
SUPPORTING RECORD 2.	Type of Document: affidavit by midwife	By whom issued and signed: Nettie Lavatta	Date Issued: 4-3-56	Date Orig. Entry:
Class B	Date of Birth: July 11 1896; Birth Place: Fort Hall, Idaho Bingham County	Full Name of Mother: Mary Jane Richards	Name of Father: Henry William Evans	
SUPPORTING RECORD 3.	Type of Document: church record	By whom issued and signed: Trinity Episcopal Church Pocatello, Idaho	Date Issued:	Date Orig. Entry: baptized Nov. 23, 1941
Class B	Date of Birth: July 11 1896; Birth Place: Fort Hall Idaho	Full Name of Mother	Name of Father	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	Betty Waller	April 30 1956

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

APR 30 1956

384-219-001-918

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

Florence Elizabeth Church

State File No. De56-490
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Florence Elizabeth Church	2. Date of Birth (month) April (day) 19 (year) 1896
	3. Color or Race: White; 4. Sex: fem; 5. Place of Birth a. County: Boise, Idaho Ada	b. City or Town of Birth: Boise
FATHER	6. Full Name of Father: George Forrester Church	7. State or Country of Father's Birth: Maine
MOTHER	8. Full Maiden Name of Mother: Lillian Georgena Rayner	9. State or Country of Mother's Birth: Australia
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Florence E. Orr; 11. Present Address of Registrant: 1103 Harrison Blvd. Boise
NOTARY (Seal)	Subscribed and sworn to before me on 8 May 1956	12. Signature of Notary: H E Mc Broom; 13. Notary Commission expires 14 May 1957

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Insurance Policy	By whom issued and signed: Idaho State Life Insurance Co. of Boise, Idaho	Date Issued: Feb 26,1925	Date Orig. Entry: Feb 26,1925
Class*	Date of Birth: April 19,1896 Birth Place: Boise, Idaho	Full Name of Mother	Name of Father	
SUPPORTING RECORD 2.	Type of Document: Certificate of Baptism	By whom issued and signed: St.Michael Cathedral Rev. C. E. Deuel,Boise, Idaho	Date Issued	Date Orig. Entry: Aug 2, 1896
Class	Date of Birth: April 19,1896 Birth Place: Boise, Idaho	Full Name of Mother: Lillian Church	Name of Father: George Church	
SUPPORTING RECORD 3.	Type of Document: Child's Birth Certificate	By whom issued and signed: on File Vital Statistics Boise, Idaho # 140138	Date Issued	Date Orig. Entry: March 4, 1926
Class	Date of Birth: Age 29 Birth Place: Idaho	Full Name of Mother	Name of Father	
QUALIFYING INFORMATION				
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.			
	State Registrar: W. W. Benson	Evidence reviewed by: Joyce B. Foltz	Date Filed: May 9, 1956	

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

Insurance Policy

Certificate of Baptism

April 19,1926 Boise, Idaho

Christ's Birth Certificate

Type 29 Idaho

Idaho State Life Insurance
Co. of Boise, Idaho

Feb 26,1925 Feb 26,1925

Lillian Church

Dec. C. F. Duel,Boise, Idaho

May 2, 1926

Dwight Church

On File Vital Statistics
Boise, Idaho & Idaho

March 4, 1926

R. W. Benson

Joyce B. Foltz

May 8, 1926

571-119-96-294

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De56-514
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Douglas Ray Egan
2. Date Of Birth: (month) Sept (day) 19 (year) 1896
3. Color or Race: White
4. Sex: Male
5. Place of Birth: a. County: Cassia; b. City or Town of Birth: Oakley Idaho

FATHER

6. Full Name of Father: Hyrum Lorenzo Egan
7. State or Country of Father's Birth: Utah

MOTHER

8. Full Maiden Name of Mother: Mary Louisa Kidd
9. State or Country of Mother's Birth: Alabama

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: D. R. Egan
11. Present Address of Registrant: RR2, Burley Idaho

NOTARY (Seal)

Subscribed and sworn to before me on: Oct 5 1955
12. Signature of Notary: Henry W. Meeker
13. Notary Commission expires: June 1, 1958

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	Date of Birth	Birth Place	By whom issued and signed	Full Name of Mother	Date Issued	Name of Father	Date Orig. Entry
SUPPORTING RECORD 1. Class* B	affidavit by aunt	September 19, 1896	Oakley, Idaho Cassia County	VIDA V. EGAN KIDD Burley, Idaho	Mary Louisa Kidd	10-6-55	Hyrum Lorenzo Egan	
SUPPORTING RECORD 2. Class B	daughter's birth certificate	26 years old	Idaho	State of Idaho #107676				child born Dec. 22, 1922
SUPPORTING RECORD 3. Class B	church record	September 19, 1896	Oakley, Idaho Cassia County	L.D.S. Church Burley, Idaho	Mary L. Kidd		Hyrum L. Egan	baptized June 30, 1906

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
(2) L. Benson	bw Betty Waller	May 17, 1956

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

312-22-2021-386

Department of Public Health
Division of Vital Statistics
Boise, Idaho .

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De56-589
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Ida Lake			2. Date of Birth (month) (day) (year): November 22, 1896
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Franklin	b. City or Town of Birth: Fairview
FATHER	6. Full Name of Father: Lyman James Lake			7. State or Country of Father's Birth: Utah
MOTHER	8. Full Maiden Name of Mother: Anna Choules			9. State or Country of Mother's Birth: England
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Ida L Bigler		11. Present Address of Registrant: 138 7th Idaho Falls, Ida.
NOTARY (Seal)	Subscribed and sworn to before me on: May 25th 1956	12. Signature of Notary: Anna M Lake		13. Notary Commission expires: 6-1 1959

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: application for Social Security number 519-07-6958	By whom issued and signed: Treasury Department Internal Revenue Service	Date Issued: 10-[illegible]-37	Date Orig. Entry: applied Sept. 4, 1937
Class* B	Date of Birth: November 22, 1896 / Birth Place: Fairview Idaho	Full Name of Mother: Anna Choules	Name of Father: Lyman Lake	
SUPPORTING RECORD 2.	Type of Document: church record	By whom issued and signed: L.D.S. Church Idaho Falls	Date Issued: 5-19-56	Date Orig. Entry: baptized Nov. 22, 1904
Class B	Date of Birth: November 22, 1896 / Birth Place: Fairview Idaho	Full Name of Mother: Anna Choules	Name of Father: Lyman James Lake	
SUPPORTING RECORD 3.	Type of Document: affidavit	By whom issued and signed: Ursel Bigler Anaheim, California	Date Issued: 5-23-56	Date Orig. Entry:
Class B	Date of Birth: November 22, 1896 / Birth Place: Fairview, Idaho Franklin County	Full Name of Mother: Anna Choules	Name of Father: Lyman James Lake	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
[signature]	Betty Waller	June 4, 1956

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

1 copy paid

244-231-036-133

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De56-639
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: IVA BUDGE		2. Date of Birth (month) (day) (year): August 31st, 1896
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Rockland, Oneida Co.
			b. City or Town of Birth: Rockland, Oneida Co., Idaho
FATHER	6. Full Name of Father: Edwin Budge		7. State or Country of Father's Birth: Ogden, Utah
MOTHER	8. Full Maiden Name of Mother: Deseret Elizabeth Allen		9. State or Country of Mother's Birth: Ogden, Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Iva Budge	11. Present Address of Registrant: Route 4, Box3262 Modesto, California
NOTARY (Seal)	Subscribed and sworn to before me on: May 31st, 1956	12. Signature of Notary: [signature]	13. Notary Commission expires: October 22, 1959.

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: son's birth certificate		By whom issued and signed: State of Idaho #161305	Date Issued:	Date Orig. Entry: child born April 8, 1928
Class* B	Date of Birth: 31 years old	Birth Place: Idaho	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 2.	Type of Document: church record		By whom issued and signed: L.D.S. Church	Date Issued:	Date Orig. Entry: baptized Aug. 31, 1904
Class B	Date of Birth: August 31, 1896	Birth Place: Rockland, Idaho Power County	Full Name of Mother: Elizabeth Allen	Name of Father: Edwin Budge	
SUPPORTING RECORD 3.	Type of Document: affidavit by friend of family		By whom issued and signed: Lila C. Nelson Power County, Idaho	Date Issued: 5-31-56	Date Orig. Entry:
Class B	Date of Birth: August 31, 1896	Birth Place: Rockland, Idaho Oneida County	Full Name of Mother: Deseret Elizabeth Allen	Name of Father: Edwin Budge	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W W Benson	Evidence reviewed by: Betty Waller	Date Filed: June 18, 1956

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH

JUN 19 1956

312-222-021-386

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De56-663
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Inez Lake		2. Date of Birth (month) (day) (year): November 22, 1896
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: County; b. City or Town of Birth: Fairview
FATHER	6. Full Name of Father: Lyman James Lake		7. State or Country of Father's Birth: Utah
MOTHER	8. Full Maiden Name of Mother: Anna Choules		9. State or Country of Mother's Birth: England
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Inez Lake	11. Present Address of Registrant: 1139 W. Broadway Anaheim California
NOTARY (Seal)	Subscribed and sworn to before me on: May 23, 1956	12. Signature of Notary: Janet Fowler	13. Notary Commission expires: July 17, 1956

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1. Class* B	Type of Document: daughter's birth certificate	By whom issued and signed: State of Idaho #98764	Date Issued: 10-14-52	Date Orig. Entry: child born Jan. 29, 1922	
	Date of Birth: 25 years old	Birth Place: Fairview Idaho	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 2. Class B	Type of Document: affidavit	By whom issued and signed: Ursel Bigler Anaheim, California	Date Issued: 5-23-56	Date Orig. Entry:	
	Date of Birth: November 22, 1896	Birth Place: Fairview, Idaho Franklin County	Full Name of Mother: Anna Choules	Name of Father: Lyman James Lake	
SUPPORTING RECORD 3. Class B	Type of Document: church record	By whom issued and signed: L.D.S. Church	Date Issued: 6-13-56	Date Orig. Entry:	
	Date of Birth: November 22, 1896	Birth Place: Fairview Idaho	Full Name of Mother: Anna Chowles	Name of Father: Lyman J. Lake	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. L. Benson	bw Betty Waller	June 26, 1956

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

1 copy paid

419-11V-029-295

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De56-677
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Oliver Cyrus Daily
2. Date of Birth (month) Aug (day) 14 (year) 1896
3. Color or Race: White
4. Sex: M
5. Place of Birth a. County: Idaho, Latah
b. City or Town of Birth: Gold Creek Precinct

FATHER

6. Full Name of Father: Albert Elmer Daily
7. State or Country of Father's Birth: Pennsylvania

MOTHER

8. Full Maiden Name of Mother: Maud Lula Kinman
9. State or Country of Mother's Birth: California

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: O C Daily
11. Present Address of Registrant: POBx 542 Burney, Calif.

NOTARY (Seal)

Subscribed and sworn to before me on: April 24 1956
12. Signature of Notary: W. E. Gilliland
13. Notary Commission expires: 2-13 1959

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Class* A

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
census record	Department of Commerce Bureau of the Census	4-19-56	Census of 1900 June 1

Date of Birth	Birth Place	Full Name of Mother	Name of Father
3 years old August, 1896	Idaho	Maud L. Daily	Albert E. Daily

SUPPORTING RECORD 2.

Class B

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
application for Social Security number	Railroad Retirement Board #720- 07-1384		applied May 16, 1942

Date of Birth	Birth Place	Full Name of Mother	Name of Father
August 14, 1896	Harvard, Idaho Latah County	Maude Lula Kinman	Albert Elmer Daily

SUPPORTING RECORD 3.

Class B

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Selective Service Registration	General Services Administration Federal Records, East Point		registered June 5, 1918

Date of Birth	Birth Place	Full Name of Mother	Name of Father
August 14, 1896	Harvard Idaho	Georgia	Albert E. Daily

QUALIFYING INFORMATION

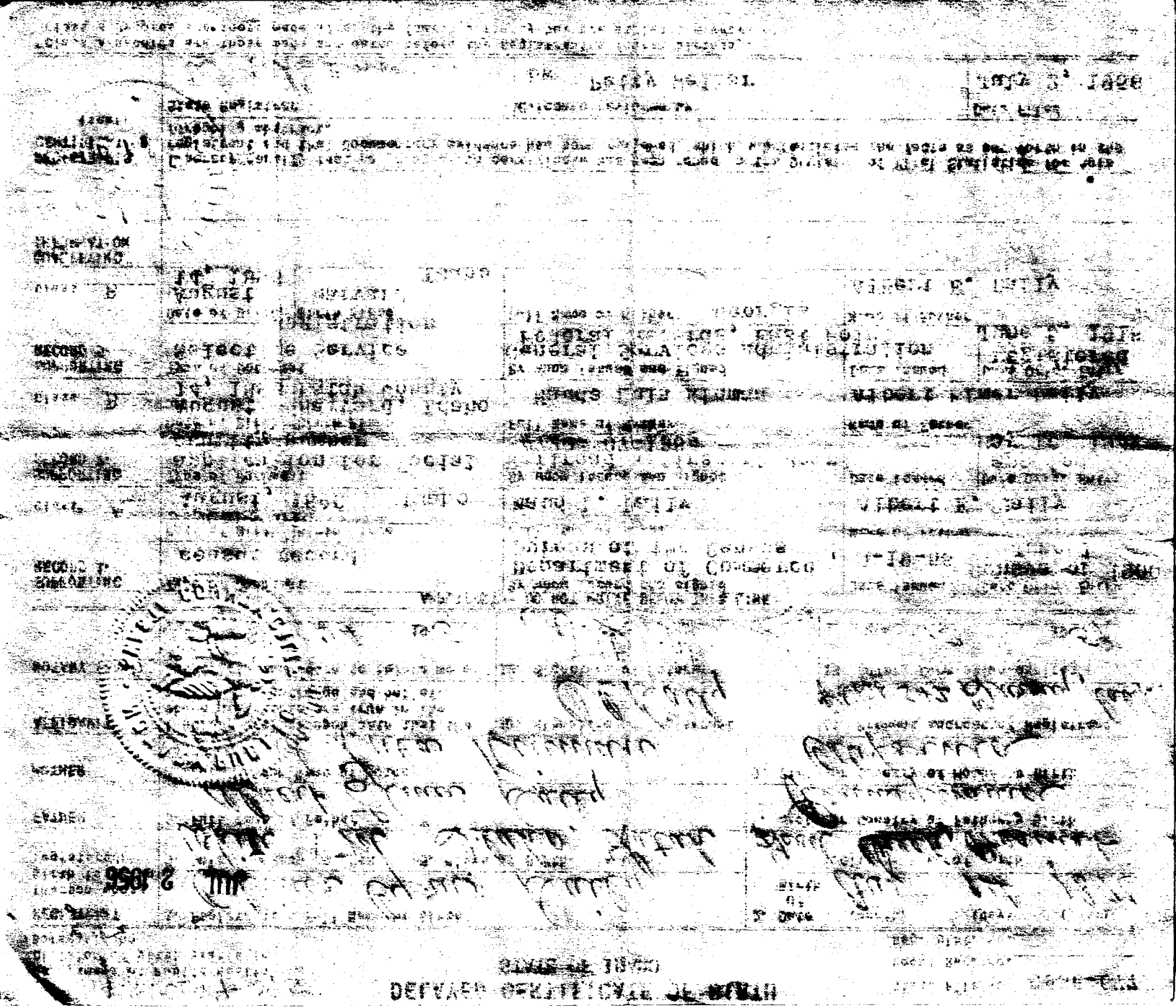
REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. E. Benson	bw Betty Waller	July 2, 1956

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 40067



632-205-006-743

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De56-679
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Ida Olson		2. Date of Birth (month) April (day) 5th (year) 1896
	3. Color or Race: white	4. Sex: female	5. Place of Birth a. County: New Sweden Bingham; b. City or Town of Birth: New Sweden, Idaho.
FATHER	6. Full Name of Father: Erick Olson,		7. State or Country of Father's Birth: Sweden.
MOTHER	8. Full Maiden Name of Mother: Elizabeth Gull		9. State or Country of Mother's Birth: Finland.
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Ida Olson Wilson	11. Present Address of Registrant: Shelley, Idaho,
NOTARY (Seal)	Subscribed and sworn to before me on: May 26 1956	12. Signature of Notary: [signature]	13. Notary Commission expires: June 16 1959

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: affidavit by friend of family	By whom issued and signed: Gust Beckman Idaho Falls, Idaho	Date Issued: 6-1-56	Date Orig. Entry:
Class* B	Date of Birth: April 5 1896 / Birth Place: New Sweden, Idaho Bingham County	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 2.	Type of Document: statement re school record	By whom issued and signed: Bingham County Blackfoot, Idaho	Date Issued: 2-23-56	Date Orig. Entry: school census 1908
Class B	Date of Birth: 12 years old / Birth Place:	Full Name of Mother:	Name of Father: E. Olson	
SUPPORTING RECORD 3.	Type of Document: church record	By whom issued and signed: John Ed Johnson witness	Date Issued:	Date Orig. Entry: May 30 1896
Class A	Date of Birth: April 5 1896 / Birth Place: New Sweden, Idaho Bingham County	Full Name of Mother: Elisabeth Olson	Name of Father: Eik Olson	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: [signature]	Evidence reviewed by: Betty Waller	Date Filed: July 2, 1956

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

JUL 2 1956

1. NAME OF CHILD (Type or print)	2. Sex
3. Date of birth	4. Hour of birth
5. Place of birth (County)	
6. Full name of father	
7. Birthplace of father	8. Age of father at birth of child
9. Full maiden name of mother	
10. Birthplace of mother	11. Age of mother at birth of child
12. Number of previous children born to this mother	
13. Number of children now living	
14. Usual residence of parents	
15. Color or race	16. Legitimate or illegitimate
17. Name of informant	18. Relationship to child
19. Mailing address of informant	

AFFIDAVIT

STATE OF IDAHO, County of Bingham — ss.

I, Elizabeth Olson, being first duly sworn, depose and say that the foregoing statements are true to the best of my knowledge and belief.

Subscribed and sworn to before me this 20 day of May, 1956.

Notary Public, Idaho.

My commission expires June 16, 1958

CERTIFICATE OF PERSON HAVING KNOWLEDGE

I, Elizabeth Olson, of Blackfoot, Idaho, hereby certify that I was present at the birth of a child to Mrs. Elizabeth Olson on the 5th day of April, 1956, at Bingham County Hospital, Blackfoot, Idaho; that I have personal knowledge that the child was born alive and that the mother of said child is the person named in this certificate.

Elizabeth Olson

Subscribed and sworn to before me this 20 day of May, 1956.

Notary Public, Idaho.

My commission expires June 16, 1958

AFFIDAVIT OF PERSON PRESENT AT BIRTH

I, Mrs. Christ Beckmann, of Basalt, Idaho, hereby certify that I was present at the birth of a child to Mrs. Elizabeth Olson on the 5th day of April, 1956, at Bingham County Hospital, Blackfoot, Idaho; that I have personal knowledge that the child was born alive and that the mother of said child is the person named in this certificate.

Mrs. Christ Beckmann

Subscribed and sworn to before me this 20 day of May, 1956.

Notary Public, Idaho.

My commission expires June 16, 1958

CERTIFICATION BY REGISTRAR

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registration, and that documentary evidence has been received, which substantiates the facts as set forth in the foregoing abstract.

(Seal)

Registrar's File No.	Evidence received by	Date Filed
	Betty Mailer	July 2, 1956

*Class A Records are those made before the child attained four years of age.
Class B Records are those made after the child attained four years and before it attained eight years of age.*

Form DPH 10041

318-215-016-842

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De56-687
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Altha Taylor
2. Date of Birth: (month) May (day) 15 (year) 1896
3. Color or Race: White
4. Sex: Female
5. Place of Birth: a. County: Cassia; b. City or Town of Birth: Elba

FATHER

6. Full Name of Father: Thomas Taylor
7. State or Country of Father's Birth: Montrose, Iowa

MOTHER

8. Full Maiden Name of Mother: Mary Elizabeth Hubbard
9. State or Country of Mother's Birth: Willard City, Utah

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Altha Taylor Judmunden
11. Present Address of Registrant: 1529 Conant Ave, Burley

NOTARY (Seal)

Subscribed and sworn to before me on June 21 19 56

12. Signature of Notary: Glen R Kunau
13. Notary Commission expires: June 17 19 58

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	Date of Birth	Birth Place	By whom issued and signed	Full Name of Mother	Date Issued	Name of Father	Date Orig. Entry
SUPPORTING RECORD 1. Class* B	daughter's birth certificate	22 years old	Idaho	State of Idaho #61240				child born June 14, 1918
SUPPORTING RECORD 2. Class B	affidavit by sister-in-law	May 15 1896	Elba, Idaho Cassia County	Lena Taylor Burley, Idaho	Mary Elizabeth Hubbard	6-27-56	Thomas Taylor	
SUPPORTING RECORD 3. Class B	family record sheet	May 15 1896	Elba, Idaho Cassia County	photostat viewed by this office				obviously old

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	Betty Waller	July 5, 1956

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH #0067

JUL 6 1956

799-22-007-766

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De56-690
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Cassie Elsie Griffith			2. Date of Birth (month) Dec. (day) 24 (year) 1896	
	3. Color or Race: white	4. Sex: female	5. Place of Birth: Hailey, a. County: Blaine	b. City or Town of Birth: Hailey, Idaho	
FATHER	6. Full Name of Father: Austin Malet Griffith			7. State or Country of Father's Birth: Illinois	
MOTHER	8. Full Maiden Name of Mother: Emma Belle Powell			9. State or Country of Mother's Birth: Kokomo, Indiana	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Carrie E. Carroll	11. Present Address of Registrant: Rinard, Illinois	
NOTARY (Seal)	Subscribed and sworn to before me on: May 23 1956		12. Signature of Notary: Joe Hoover	13. Notary Commission expires: March 3 1959	

APPLICANT—DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of Marriage Record	By whom issued and signed: State of Illinois Wayne County	Date Issued:	Date Orig. Entry: married Sept. 19, 1915
Class* B	Date of Birth: 18 years old	Birth Place: Hailey Idaho	Full Name of Mother: Emma Powell	Name of Father: Austin Griffith
SUPPORTING RECORD 2.	Type of Document: application for insurance	By whom issued and signed: Centralia Mutual Benefit Association	Date Issued:	Date Orig. Entry: applied April 28, 1938
Class B	Date of Birth: December 24, 1896	Birth Place:	Full Name of Mother:	Name of Father:
SUPPORTING RECORD 3.	Type of Document: affidavit by neighbor of parents	By whom issued and signed: Joseph W. Fuld Hailey, Idaho	Date Issued: 6-29-56	Date Orig. Entry:
Class B	Date of Birth: December 24, 1896	Birth Place: Hailey Idaho	Full Name of Mother: Emma P. Griffith	Name of Father: Austin M. Griffith
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. E. Benson	bw Betty Waller	July 5, 1956

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 40067

JUL 10 1956

864-113-001-962

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De56-691
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: OMAR WILLIAM HODGIN
2. Date of Birth (month) December (day) 13 (year) 1896
3. Color or Race: white
4. Sex: male
5. Place of Birth: a. County Ada; b. City or Town of Birth: Meridian

FATHER

6. Full Name of Father: Ferand Desota Hodgin
7. State or Country of Father's Birth: Cedar County, Missouri

MOTHER

8. Full Maiden Name of Mother: Edith Lily Rose
9. State or Country of Mother's Birth: Ada County, Idaho

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Omar William Hodgin
11. Present Address of Registrant: P.O.B. 1085, Morro Bay

NOTARY (Seal)

Subscribed and sworn to before me on 29th June 19 56

12. Signature of Notary: Claude E Cole
13. Notary Commission expires: November 18th 1957

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	Date of Birth	Birth Place	By whom issued and signed	Full Name of Mother	Date Issued	Name of Father	Date Orig. Entry
SUPPORTING RECORD 1. Class* B	daughter's birth certificate	33 years old	Idaho	State of California		4-27-56		child born Aug. 21, 1930
SUPPORTING RECORD 2. Class B	statement re military record	December 13, 1896	Boise Idaho	Department of the Army Office of the Adjutant General		5-28-56		August 27 1918
SUPPORTING RECORD 3. Class B	564-01-1294 application for Social Security number	December 13, 1896	Idaho	Treasury Department Internal Revenue Service	Lily Rose		Desota Hodgin	applied Nov. 25, 1936

QUALIFYING INFORMATION

affidavit by aunt Mrs. Williard Hodgin Crippen Spokane, Washington issued 4-30-56 birth date: 12-13-1896

birthplace: Meridian, Idaho Ada County parents: Ferand Desota Hodgin Edith Lily Rose Hodgin

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W L Benson	Betty Waller	July 5, 1956

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 40067

JUL 6 1956

415-22-009-791

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De56-697
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Helen Barbra Maver		2. Date of Birth (month) (day) (year): June 22 1896
	3. Color or Race: White	4. Sex: F.	5. Place of Birth a. County: Hope Bonner; b. City or Town of Birth: Hope
FATHER	6. Full Name of Father: William Maver		7. State or Country of Father's Birth: Scotland
MOTHER	8. Full Maiden Name of Mother: Helen Ramsay Gray		9. State or Country of Mother's Birth: Scotland
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Helen B. Backen	11. Present Address of Registrant: 720 S. Madison St.
NOTARY (Seal)	Subscribed and sworn to before me on: May 14, 1956	12. Signature of Notary: Roy M. Wager	13. Notary Commission Expires: October 8, 1959

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: application for Social Security number 536-10-1261	By whom issued and signed: Treasury Department Internal Revenue Service	Date Issued:	Date Orig. Entry: applied Nov. 26, 1936	
Class* B	Date of Birth: June 22 1896	Birth Place: Hope Idaho	Full Name of Mother: Helen Ramsay Gray	Name of Father: William Maver	
SUPPORTING RECORD 2.	Type of Document: affidavit by uncle	By whom issued and signed: Allan Maver No. Arlington, N.J.	Date Issued: 6-5-56	Date Orig. Entry:	
Class B	Date of Birth: June 22 1896	Birth Place: Hope, Idaho Bonner County	Full Name of Mother: Helen Ramsay Gray	Name of Father: William Maver	
SUPPORTING RECORD 3.	Type of Document: statement re school record	By whom issued and signed: Tacoma Public Schools Tacoma 1, Washington	Date Issued: 5-23-56	Date Orig. Entry: Census May 1 1910	
Class B	Date of Birth: June 22 1896	Birth Place:	Full Name of Mother: Mrs. W. Mavar	Name of Father: W. Mavar	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. E. Benson	Evidence reviewed by: Betty Waller	Date Filed: July 9, 1956

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 40067

DELAYED CERTIFICATE OF BIRTH

STATE OF OHIO

Department of Public Health
Division of Vital Statistics

1. Date of Birth (Month, Day, Year)

2. Time of Birth

3. Sex

4. Color or Race

5. Name of Child (If none, so state)

6. Place of Birth (County)

7. Name of Hospital or Institution

8. Length of Gestation

9. Full Maiden Name of Mother

10. Residence of Mother

11. Color or Race

12. Age at Last Birthday

13. Birthplace

14. Occupation

15. Full Name of Father

16. Residence of Father

17. Color or Race

18. Age at Last Birthday

19. Birthplace

20. Occupation

21. Name and Address of Informant

22. Relationship

23. Date Filed

24. Signature of Registrar

25. Date Registered

26. Number

27. Remarks

28. Signature of Attorney

29. Address

30. Date Signed

31. Signature of Person Making Statement

32. Address

33. Date Signed

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863-202-003-675

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De56-722
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Edna Holverson
2. Date of Birth (month) (day) (year): April 2 1896
3. Color or Race: White
4. Sex: Female
5. Place of Birth: a. County: Bannock; b. City or Town of Birth: Pocatello

FATHER

6. Full Name of Father: John Holverson
7. State or Country of Father's Birth: North Dakota, U.S.A.

MOTHER

8. Full Maiden Name of Mother: Laura Oglesby
9. State or Country of Mother's Birth: Illinois U.S.A.

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Edna Henrie
11. Present Address of Registrant: 1277 Fremont Idaho Falls, Ida

NOTARY (Seal)

Subscribed and sworn to before me on (June) July 14 1956

12. Signature of Notary: John Feebauer
13. Notary Commission expires: JOHN FEEBAUER NOTARY PUBLIC IDAHO FALLS, IDAHO MY COMM. EXPS. 9-1-58. 19

APPLICANT — DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1. Class* B	daughter's birth certificate	State of Idaho #94395		child born Sept 8, 1921
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	25 years old / Pocatello Idaho			
SUPPORTING RECORD 2. Class B	family record sheet	photostat viewed by this office		obviously old
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	April 2 1896			
SUPPORTING RECORD 3. Class B	insurance record	American Home Benefit Asso., Inc. Boise, Idaho		issued July 17, 1943
	Date of Birth / **Birth Place**	**Full Name of Mother** #B-16,459	**Name of Father**	
	April 2 1896			

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W L Benson	Betty Waller	July 13, 1956

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form PBH #0063

JUL 16 1956

796-210-025-213

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De56-734
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Margaret (Mae) Maria Groomer		2. Date of Birth (month) May (day) 10 (year) 1896	
	3. Color or Race: white	4. Sex: female	5. Place of Birth a. County: Idaho	b. City or Town of Birth: Quartzburg
FATHER	6. Full Name of Father: James Wiley Groomer		7. State or Country of Father's Birth: Missouri	
MOTHER	8. Full Maiden Name of Mother: Auluna Arvenia Salmon		9. State or Country of Mother's Birth: Missouri	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Margaret (mae) Maria Groomer	11. Present Address of Registrant	
NOTARY (Seal)	Subscribed and sworn to before me on: July 13 1956	12. Signature of Notary: Marie C. Holland	13. Notary Commission expires: May 5 1959	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1. Class* B	Type of Document: family record sheet	By whom issued and signed: viewed by this office written by Mother	Date Issued:	Date Orig. Entry: obviously old	
	Date of Birth: May 10 1896	Birth Place: Quartzburg Idaho	Full Name of Mother: Auluna Arvenia Salmon	Name of Father: James Wiley Groomer	
SUPPORTING RECORD 2. Class B	Type of Document: statement re school record	By whom issued and signed: County Super. of Public Instruction, Tribune, Kan.	Date Issued: 5-31-56	Date Orig. Entry: school census 1908	
	Date of Birth: May 10 1896	Birth Place:	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 3. Class B	Type of Document: marriage affidavit	By whom issued and signed: State of Kansas Greeley County #57503	Date Issued: 5-28-56	Date Orig. Entry: filed April 18, 1917	
	Date of Birth: 20 years old	Birth Place:	Full Name of Mother:	Name of Father:	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
[signature]	bw Betty Waller	July 16, 1956

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

2. Date (month) (day) (year)
of birth MAY 15 1898

3. Place of birth County

4. Sex

5. Color or race

6. Full name of father

7. Maiden name of mother

8. Birthplace of father

9. Birthplace of mother

10. Number of previous children born to this mother

11. Number now living

12. Present address of informant

13. Relationship of informant

14. Date received by registrar

15. Signature of registrar

16. Evidence received by

17. Date filed

18. Remarks

19. Solemn Commission expires

Class 1 Records are those made on data furnished by persons having personal knowledge of the facts.

Class 2 Records are those made after the twenty-first day and before the expiration of one year.

Class 3 Records are those made after the expiration of one year.

Date issued

Issued by

Fee $

Name of Father

Birthplace

Age

Occupation

Name of Mother

Birthplace

Age

Occupation

Name of Informant

Address

Relationship

Date of Birth

Place of Birth

Name of Child

Sex

Color or Race

Number of Previous Children Born to this Mother

Number Now Living

Date Received by Registrar

Registrar's Certificate No.

Filed

Issued

Amended

Delayed

Class

Registered

Certificate

Number

Issued

Amended

Delayed

Class

Registered

Certificate

Number

249-208-044-653

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De56-746
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: MYRTLE ROWENA SMITH
2. Date of Birth (month) (day) (year): MAR. 8 1896
3. Color or Race: WHITE
4. Sex: F
5. Place of Birth a. County: WASHINGTON
b. City or Town of Birth: WEISER

FATHER

6. Full Name of Father: JAMES WILLIAM SMITH
7. State or Country of Father's Birth: FAIRFIELD UTAH

MOTHER

8. Full Maiden Name of Mother: MYRTLE WELLS
9. State or Country of Mother's Birth: BATES CO. MO.

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Myrtle R. S. Jensen
11. Present Address of Registrant: 680 WILSON AVE. Salt Lake City - Utah

NOTARY (Seal)

Subscribed and sworn to before me on: May 16 1955
12. Signature of Notary: Pearl M Stewart
13. Notary Commission expires: May 1958

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1. Class* B	church record	L. D. S. Church	9-9-55	baptized October 4, 1921
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	March 8, 1896 / Weiser, Idaho	Myrtle Wells	James W. Smith	
SUPPORTING RECORD 2. Class B	affidavit by aunt	Iva Wells Hindman	5-16-55	
	March 8, 1896 / Weiser, Idaho			
SUPPORTING RECORD 3. Class A	Bible Record	Father near time of birth	Viewed original in this office. Obviously old.	
	Mar. 8, 1896 /	Myrtle Smith	James William Smith	

QUALIFYING INFORMATION

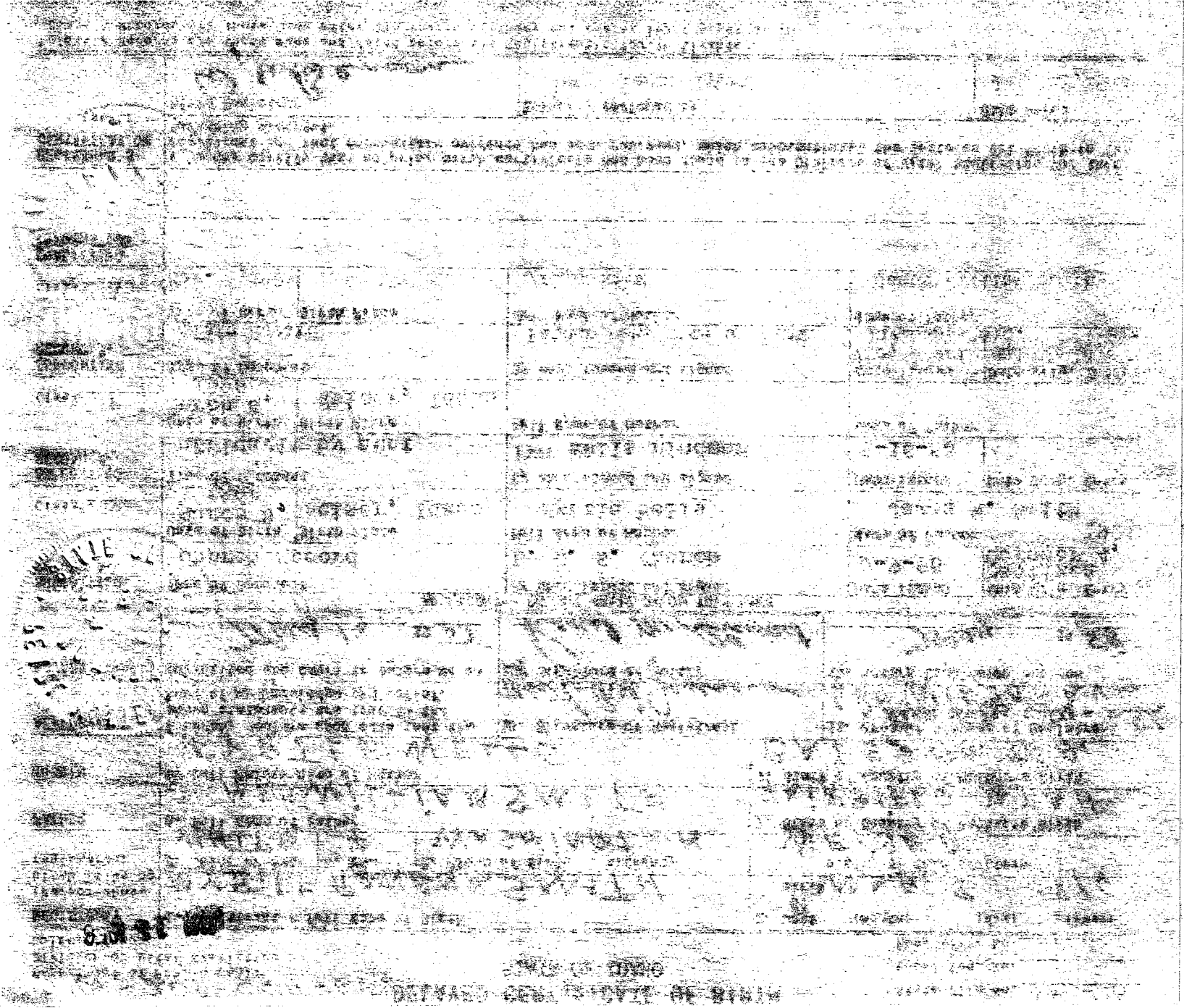
REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: W W Benson
Evidence reviewed by: bw Verna Reisch
Date Filed: July 17, 1956

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form PBH #0067



967-229-013-655

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De56-802
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Frances Delia Rogers
2. Date of Birth: October 29 1896
3. Color or Race: white
4. Sex: female
5. Place of Birth: Idaho a. County: Camas b. City or Town of Birth: Soldier

FATHER

6. Full Name of Father: George Matthews Rogers
7. State or Country of Father's Birth: Pueblo, Colorado

MOTHER

8. Full Maiden Name of Mother: Rosella J. Finch
9. State or Country of Mother's Birth: Goshen, Utah

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Frances Delia Huebner
11. Present Address of Registrant: 5259-BROCKTON AVE. RIVERSIDE, CALIF.

NOTARY (Seal)

Subscribed and sworn to before me on July 23rd. 1956

12. Signature of Notary: Lorna E. Yarbrough
13. Notary Commission expires: 2-10 1959

1331

APPLICANT—DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Class* B

Type of Document: application for marriage license
By whom issued and signed: State of Idaho County of Blaine
Date Issued:
Date Orig. Entry: married Jan. 15, 1917
Date of Birth: 20 years old
Birth Place:
Full Name of Mother:
Name of Father:

SUPPORTING RECORD 2.

Class B

Type of Document: affidavit by cousin
By whom issued and signed: Elizabeth A. Robinson Fairfield, Idaho
Date Issued: 6-15-56
Date Orig. Entry:
Date of Birth: October 29, 1896
Birth Place: Soldier Idaho
Full Name of Mother:
Name of Father:

SUPPORTING RECORD 3.

Class B

Type of Document: application for Social Security number 518-16-1277
By whom issued and signed: Treasury Department Internal Revenue Service
Date Issued:
Date Orig. Entry: applied June 9, 1938
Date of Birth: October 29, 1896
Birth Place: Soldier Idaho
Full Name of Mother: Rosella June Finch
Name of Father: George Matthew Rogers

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: W W Benson
Evidence reviewed by: bw Verna Reisch
Date Filed: Aug. 8, 1956

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH-H0067

CERTIFICATE OF BIRTH

U.S. CIVIL (LAW)

Department of ...
Division of ...
Series, No. 8

Registrar's No. ... Name at birth ...

1. Date of birth (month) (day) (year) 29 1886

2. Sex ...

3. Color or race ...

4. If not single, number of husband or wife ...

5. Date and place of birth ...

6. Full name of father ...

7. Birthplace of father (State or country) Colorado

8. Full maiden name of mother ...

9. Birthplace of mother (State or country) Utah

10. Age of father at time of birth ...

11. Age of mother at time of birth ...

12. Number of children of mother now living ...

13. Number of children of mother not now living ...

14. Informant ...

15. Address of informant ...

16. Filed ... 1926

17. Signature of registrar ...

18. Date of certificate ...

I hereby certify that I have supplied the above information and that it is true to the best of my knowledge and belief.

Signature of informant

Address of informant

Subscribed and sworn to before me this ... day of ... 1926

Signature of official

Title of official

Name of father

Maiden name of mother

Date issued

Certificate No.

CERTIFICATE OF BIRTH

STATE OF ...

COUNTY OF ...

I, ..., do hereby certify that the above and foregoing is a full, true and correct copy of the original certificate of birth of ... as the same appears of record in my office.

Witness my hand and official seal this ... day of ... 1926

(SEAL)

Clerk

By ... Deputy

Fee $ ...

Name ... Date ... Clerk

Name ... Date ... Deputy

AFFIDAVIT BY PERSON

State of ...
County of ...

I, ..., being first duly sworn, depose and say that I am ... years of age; that I was born at ... on the ... day of ... 19..; that my father was ... and my mother was ...; that I am the person described in the foregoing certificate; that the statements therein contained are true to the best of my knowledge and belief.

Subscribed and sworn to before me this ... day of ... 1926

Notary Public

My commission expires ...

AFFIDAVIT BY PHYSICIAN

State of ...
County of ...

I, ..., being first duly sworn, depose and say that I am a physician duly licensed to practice in the State of ...; that I attended ... at her birth, which occurred at ... on the ... day of ... 19..; that the statements therein contained are true to the best of my knowledge and belief.

Subscribed and sworn to before me this ... day of ... 1926

Notary Public

My commission expires ...

AFFIDAVIT BY WITNESS

State of ...
County of ...

I, ..., being first duly sworn, depose and say that I was present at the birth of ... on the ... day of ... 19..; that the statements therein contained are true to the best of my knowledge and belief.

Subscribed and sworn to before me this ... day of ... 1926

Notary Public

My commission expires ...

Date filed ... 1926

Evidence received

State registrar

Deputy

Clerk's records are those made at the time of birth and are the best evidence. Where no record of birth can be found the Division of Vital Statistics will issue a certificate of birth based on affidavits of those having personal knowledge of the facts as set forth in the foregoing certificate.

319-114-021-799

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De56-836
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: John Alfred Carver			2. Date of Birth (month) (day) (year): March 14, 1896
	3. Color or Race: white	4. Sex: Male	5. Place of Birth a. County: Franklin	b. City or Town of Birth: Preston, Idaho
FATHER	6. Full Name of Father: Parley P. Carver			7. State or Country of Father's Birth: Utah
MOTHER	8. Full Maiden Name of Mother: Elisabeth Ann Pritchett Carver			9. State or Country of Mother's Birth: Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: [signature]		11. Present Address of Registrant: P. O. Box 709 Pocatello, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: Aug 9 1956	12. Signature of Notary: [signature]		13. Notary Commission expires: May 5 1959

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Child's birth certificate Idaho File #217435		By whom issued and signed: Vital Statistics-Boise, Ida.	Date issued: November	Date Orig. Entry: 30, 1933
Class* B	Date of Birth: Age 37	Birth Place: Preston, Idaho	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 2.	Type of Document: Son's Insurance Record		By whom issued and signed: Utah Benefician Life Ins. Co.	Date issued: March 16,	Date Orig. Entry: 1932
Class B	Date of Birth: Age 35	Birth Place:	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 3.	Type of Document: Church Record		By whom issued and signed: L.D.S. Church Certificate of Ordination	Date issued: Feb. 23,	Date Orig. Entry: 14
Class B	Date of Birth: March 14, 1896	Birth Place: Preston, Idaho	Full Name of Mother: Elizabeth Pretchett	Name of Father: Parley P. Carver	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	Verna Reisch	August 15, 1956

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

AUG 16

749-202-038-964

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De56-841

AMENDED 7-25-60

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Esther Pearl Purcell			2. Date of Birth (month) (day) (year): April 2, 1896
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Payette (Canyon Co. then)	b. City or Town of Birth: RFD Payette
FATHER	6. Full Name of Father: Benjamin Purcell			7. State or Country of Father's Birth: Iowa
MOTHER	8. Full Maiden Name of Mother: Alberta Rodenizer			9. State or Country of Mother's Birth: Missouri
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Esther Pearl Purcell Shurtleff		11. Present Address of Registrant: Rt. #2, Payette, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: Aug. 11th 19 56	12. Signature of Notary: Helen D. Fitch		13. Notary Commission expires: Sept. 10th 19 57

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Family Record	By whom issued and signed: From Family Bible-Mother	Date Issued: --	Date Orig. Entry: obviously old
	Date of Birth: April 2, 1896 / Birth Place: --	Full Name of Mother: Albertie Purcell		Name of Father: Benjamin Purcell
SUPPORTING RECORD 2.	Type of Document: Own child's birth certificate	By whom issued and signed: On file Vital Statistics #119911	Date Issued: --	Date Orig. Entry: child born Jan. 19, 1924
	Date of Birth: age 27 / Birth Place: Idaho	Full Name of Mother: --		Name of Father: --
SUPPORTING RECORD 3.	Type of Document: Insurance Policy	By whom issued and signed: Mutual Benefit Asso. Pres. Borup	Date Issued: April 6, 1946	Date Orig. Entry: April 6, 1946
	Date of Birth: April 2, 1896 / Birth Place: Payette, Idaho	Full Name of Mother: --		Name of Father: --
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: Lois Ayers	Date Filed: Aug. 17, 1956

FORM BH 56067 7-25-60

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

PERSONAL DESCRIPTION	Residence (Street and number if in city)	Usual residence (Street and number if in city)	Date of birth (Month, day, year)
		Nampa, Canyon Co., Idaho	April 2, 1956
FATHER	6. Full name of father	7. State or country of father's birth	8. Age at time of birth of child
	Wylie Pearle Purcell	Idaho	27
MOTHER	9. Full maiden name of mother	10. State or country of mother's birth	11. Age at time of birth of child
	Alberta Rodgers	Missouri	25
AFFIDAVIT	I hereby declare under oath that the above statements are true to the best of my knowledge and belief.	12. Signature of Registrant	13. Address (Number and street)
		Esther Pearl Purcell	Rt. #2, Payette, Idaho
NOTARY (Local)	Subscribed and sworn to before me on	15. Signature of Notary	16. Notary Commission expires
	Aug. 11th, 19 57	Velar D. Pitch	Sept. 10th, 19 57

CERTIFICATE OF ATTENDANT OR PERSON IN CHARGE	Type or Print Clearly		Date Signed (Mo., Day, Yr.)
	Family Record	From Family Bible-Mother	--
	Date of Birth (Month, day, year)	Name of Witness	Relationship, if any
	April 2, 1956	Alberta Purcell	Benjamin Purcell
RECORD OF DELAYED REGISTRATION	Type of Document	Date Issued (Mo., Day, Yr.)	Date Filed (Mo., Day, Yr.)
	Own child's birth certificate	Is Not a Vital Statistics Copy	Original Born
	Date of Birth	Place of Birth	Name of Custodian
	Age 27	Idaho	--
SUPPORTING RECORDS	Type of Document	Date Issued (Mo., Day, Yr.)	Date Filed (Mo., Day, Yr.)
	Insurance Policy	Mutual Benefit Assn.	April 5, 1956
	Date of Birth (Month, day, year)	Name of Notary	Name of Agent
	April 2, 1956	Treva Dorsp	--

	Evidence received:	Date Filed
P. H. Benson	Birth Records	Aug. 17, 1956

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. D56-814
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Esther Pearl Purcell
2. Date of Birth: (month) April (day) 2nd (year) 1896
3. Color or Race: White
4. Sex: Female
5. Place of Birth: a. County: Payette (Canyon County then) b. City or Town of Birth: RFD Payette

FATHER

6. Full Name of Father: Benjamin Purcell
7. State or Country of Father's Birth: Iowa

MOTHER

8. Full Maiden Name of Mother: Alberta Rodenizer
9. State or Country of Mother's Birth: Missouri

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Esther Pearl Purcell Shurtleff
11. Present Address of Registrant: Rt. 2, Payette, Idaho

NOTARY (Seal)

Subscribed and sworn to before me on: August 11th 19 56

12. Signature of Notary: Helen A. Fitch
13. Notary Commission expires: Sept. 10th 19 57

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Class* B

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Family Record	From Family Bible–Mother	Old Record	

Date of Birth	Birth Place	Full Name of Mother	Name of Father
April 2, 1896		Albertie Purcell	Benjamin Purcell

SUPPORTING RECORD 2.

Class B

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Own Child's birth Certifcate	Purcell–Mother State of Idaho–Esther Pearl	Apr. 27, 1942	

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Age 23	Payette, Idaho		

SUPPORTING RECORD 3.

Class B

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Insurance Policy	Pres. Mutual Benefit Asso. Borup	April 6, 1946	

Date of Birth	Birth Place	Full Name of Mother	Name of Father
April 2, 1896	Payette, Idaho		

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Brenner	Joan Mowery	8-17-56

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067


JUL 26 1960

613-201-RECEIVED

Department of Public Health
Division of Vital Statistics
Boise, Idaho

AUG 23 1956

Division of Vital Statistics

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De56-869
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Hattie May Wallace			2. Date Of Birth: (month) May (day) 1 (year) 1896	
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Washington	b. City or Town of Birth: Roseberry	
FATHER	6. Full Name of Father: Ellis Delanious Wallace			7. State or Country of Father's Birth: Missouri	
MOTHER	8. Full Maiden Name of Mother: Mattie Almeady Cole			9. State or Country of Mother's Birth: Missouri	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Hattie M. Ratzat		11. Present Address of Registrant	
NOTARY (Seal)	Subscribed and sworn to before me on: August vr 1956	12. Signature of Notary: Earl S. Benson		13. Notary Commission expires: Feb 6 1957	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1. Class* B	Type of Document: Son's birth certificate	By whom issued and signed: Vital Statistics-Boise, Ida. Idaho File #207558		Date Issued: February 26, 1931	Date Orig. Entry
	Date of Birth: Age 34	Birth Place: Roseberry, Idaho	Full Name of Mother	Name of Father	
SUPPORTING RECORD 2. Class A	Type of Document: Census Record	By whom issued and signed: Washington 25, D. C. Department of Commerce		Date Issued: Jan. 30, 53	Date Orig. Entry: Census of 1900 June 1
	Date of Birth: Age 4 May 1896	Birth Place: Idaho	Full Name of Mother: Mattie Wallace	Name of Father: Ellis D. Wallace	
SUPPORTING RECORD 3. Class B	Type of Document: School record	By whom issued and signed: Council, Idaho Adams County		Date Issued: Nov. 26, 52	Date Orig. Entry: Dec. 6, 1913
	Date of Birth: Age 17	Birth Place:	Full Name of Mother: Mattie Wallace	Name of Father: E. D. Wallace	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	vr Verna Reisch	August 23, 1956

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH #0067

AUG 23 1968

DELAYED CERTIFICATE OF BIRTH

STATE OF TEXAS

361-127-028-258

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

Department of Public Health
Division of Vital Statistics
Boise, Idaho

State File No. De56-916
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Chris Earl Loan			2. Date Of Birth (month) August (day) 27 (year) 1896
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Kootanai	b. City or Town of Birth: Post Falls, Idaho
FATHER	6. Full Name of Father: Christopher Loan			7. State or Country of Father's Birth: Ireland
MOTHER	8. Full Maiden Name of Mother: Irvina Keys			9. State or Country of Mother's Birth: Ireland
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Chris Earl Loan		11. Present Address of Registrant: Vancouver, Washington
NOTARY (Seal)	Subscribed and sworn to before me on: Aug. 13 1956	12. Signature of Notary: W M B Brown		13. Notary Commission expires: June 29 1959

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1. Class* B	Type of Document: Child's birth certificate	By whom issued and signed: Washington File #647	Date Issued: April 23, 1930	Date Orig. Entry
	Date of Birth: Age 33	Birth Place: Post Falls, Idaho	Full Name of Mother	Name of Father
SUPPORTING RECORD 2. Class B	Type of Document: Affidavit by brother	By whom issued and signed: William Robert Loan	Date Issued: August 24, 1956	Date Orig. Entry
	Date of Birth: August 27, 1896	Birth Place: Post Falls, Idaho	Full Name of Mother: Irvina Keys	Name of Father: Christopher Loan
SUPPORTING RECORD 3. Class B	Type of Document: Insurance Policy	By whom issued and signed: Montreal, Canada Sun Life Assurance Co.	Date Issued: March 27, 1928	Date Orig. Entry
	Date of Birth: Aug. 27, 1896	Birth Place: Post Falls, Idaho	Full Name of Mother	Name of Father
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W M Benson	Verna Reisch	Sept. 5, 1956

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

SEP 4 1956

238-203-030-863

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De56-939
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Estelle Schofield		2. Date Of Birth (month) (day) (year): February 3, 1896
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Lemhi; b. City or Town of Birth: Salmon
FATHER	6. Full Name of Father: Elijah Schofield		7. State or Country of Father's Birth: England
MOTHER	8. Full Maiden Name of Mother: Eliza Jane Holbrook		9. State or Country of Mother's Birth: Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: x Estelle M. Brown	11. Present Address of Registrant: Salmon, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: September 7 1956	12. Signature of Notary: Frederick Hughes Shook	13. Notary Commission expires: September 21 1959

APPLICANT - DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1. Class* B	Type of Document: Child's birth certificate	By whom issued and signed: Boise, Idaho Idaho File #180645	Date Issued: Jul. 30,56	Date Orig. Entry: March 18,1930
	Date of Birth: Age 34	Birth Place: Idaho	Full Name of Mother:	Name of Father:
SUPPORTING RECORD 2. Class B	Type of Document: Social Security Record	By whom issued and signed: Treasury Department	Date Issued: Nov. 19,	Date Orig. Entry: 1938
	Date of Birth: February 3, 1896	Birth Place: Salmon, Idaho	Full Name of Mother: Eliza Jane Holbrook	Name of Father: Elijah Schofield
SUPPORTING RECORD 3. Class B	Type of Document: Insurance Policy	By whom issued and signed: Gem State Mutual	Date Issued: September	Date Orig. Entry: 18,1956
	Date of Birth: February 3,1896	Birth Place: Lemhi Co., Idaho	Full Name of Mother:	Name of Father:
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W W Benson	Evidence reviewed by: Verna Reisch	Date Filed: Sept. 12,1956

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

SEP 13 1956

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

1. Registrant's full name at birth	Isabelle Spofford
2. Color or Race	White
3. Sex	Female
4. Place of Birth (County)	Lemhi
5. Date of Birth (Month) (Day) (Year)	February 3, 1890
6. Full Name of Father	Willis Spofford
7. State or Country of Father's Birth	England
8. Full Maiden Name of Mother	Eliza Jane Holyoak
9. State or Country of Mother's Birth	Utah
10. Signature of Registrant	Isabelle Spofford
11. Present Address of Registrant	Salmon, Idaho
12. Signature of Notary	[illegible]
13. Notary Commission expires	September 21, 1959

I, Notary declare upon oath that the above statements are true to the best of my knowledge and belief.

Subscribed and sworn to before me on September 7, 19 56

Type of Document	Certificate of Birth
Date of Birth (Give Place)	February 3, 1890 Lemhi Co., Idaho
Full Name of Mother	Eliza Jane Holyoak
Date Issued and Signed	Nov. 19, 1938 Salmon, Idaho
Name of Father	William Spofford

Type of Document	Social Security Record
Date of Birth (Give Place)	Feb. 3, 1890 Salmon, Idaho
Full Name of Mother	Eliza Jane Holyoak
Date Issued and Signed	Nov. 19, 1938
Name of Father	William Spofford

Type of Document	Transcript of Record
Date of Birth (Give Place)	February 3, 1890 Lemhi Co., Idaho
Full Name of Mother	Eliza Jane Holyoak
Date Issued and Signed	September 19, 1956
Name of Father	William Spofford

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

Date Filed: Sept. 12, 1956

Evidence Reviewed by: [illegible]

Date Issued: Sept. 13, 1956

Class A Records are those made and dated before the registrant's fourth birthday.
Class B Records are those made after the fourth birthday but prior to August 3, 1919.

589-223 6-25-56

RECEIVED SEP 11 1956 Division of Vital Statistics

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De56-955
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Ruth Carolina Erickson
2. Date of Birth (month) (day) (year): March 23 1896
3. Color or Race: White
4. Sex: Female
5. Place of Birth a. County: Vollmer Latah
b. City or Town of Birth: Vollmer Idaho

FATHER

6. Full Name of Father: Erick Erickson
7. State or Country of Father's Birth: Stockholm Sweden

MOTHER

8. Full Maiden Name of Mother: Minnie ~~Erickson~~ ANDERSON
9. State or Country of Mother's Birth: Christiania Norway

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Ruth Caroline Erickson Scott
11. Present Address of Registrant: Route 1, Box 104 Clarkston Wash.

NOTARY (Seal)

Subscribed and sworn to before me on: September 6, 1956

12. Signature of Notary: B. Edith Richardson
13. Notary Commission expires: May 14 1959.

APPLICANT — DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	School record	Lewiston, Idaho Independent School Dist.1	Aug.14,56	Sept.1914
Class* B	Date of Birth: March 23, 1896 / Birth Place:	Full Name of Mother:	Name of Father: E. Erickson	
SUPPORTING RECORD 2.	Affidavit by sisters	Annie Laura Bell Pankey Ellen Mathilda Parkins	September 6, 1956	
Class B	Date of Birth: March 23, 1896 / Birth Place: Vollmer, Idaho	Full Name of Mother: Minnie Anderson	Name of Father: Erick Erickson	
SUPPORTING RECORD 3.	Bible Record	Family	Obviously old. Viewed photostat copy.	
Class B	Date of Birth: March 23, 1896 / Birth Place: Vollmer, Idaho	Full Name of Mother:	Name of Father:	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W.W. Benson	Verna Reisch	Sept.14,1956

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

SEP 1 2 1958

963-225-014-942

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

Department of Public Health
Division of Vital Statistics
Boise, Idaho

State File No. D56-1009
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Elizabeth Amelia Rockwell (called Libbie)			2. Date of Birth (month) Feb. (day) 25th (year) 1896	
	3. Color or Race: White	4. Sex: F.	5. Place of Birth a. County: Nampa	Canyon	b. City or Town of Birth: Nampa, Idaho
FATHER	6. Full Name of Father: Franklin Thaddeus Rockwell			7. State or Country of Father's Birth: Colorado	
MOTHER	8. Full Maiden Name of Mother: Josephine Arabelle Russell			9. State or Country of Mother's Birth: Iowa	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Elizabeth A. Nicolaus	11. Present Address of Registrant	
NOTARY (Seal)	Subscribed and sworn to before me on July 19 1956		12. Signature of Notary: NOTARY PUBLIC for the State of Montana Residing at Billings, Montana My commission expires August 23, 1958	13. Notary Commission expires 8/23 1958	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by Cousin		By whom issued and signed: W. C. Dewey	Date Issued: 7-26-1956	Date Orig. Entry: 7-26-1956
Class* B	Date of Birth: Feb 25,1896	Birth Place: Nampa, Idaho	Full Name of Mother: Josephine Arabelle Russell	Name of Father: Franklin Thaddeus Rockwell	
SUPPORTING RECORD 2.	Type of Document: Census Record		By whom issued and signed: Census of 1900 U.S.Dept. of Commerce	Date Issued: 9-25-1956	Date Orig. Entry: June 1,1900
Class B	Date of Birth: Age 4	Birth Place: Idaho	Full Name of Mother: Belle Rockwell	Name of Father: Franklin T. Rockwell	
SUPPORTING RECORD 3.	Type of Document: #10617 Cert. State Board of Cosmetology- California		By whom issued and signed: State Board of Cosmetology State of California	Date Issued: 1-9-1933	Date Orig. Entry: Jan 9,1933
Class B	Date of Birth: Feb 25,1896	Birth Place: Nampa, Idaho	Full Name of Mother:	Name of Father:	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: Joyce B. Foltz	Date Filed: Oct. 2,1956

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

1 Copy paid

Form DPH 49067

PLANNED PARENTHOOD OF IDAHO

Feb 26,1966 Nampa, Idaho

Certs. State Board of
Examiners-California

Age 4 Idaho

Carnage Record

Joseph Arabella Russell

Carnage of 1900

Sally Roosevelt

State Board of Eugenology
State of California

Franklin T. Roosevelt

3-25-1960 June 1,1900

Franklin Theodore Russell

1-9-1903 Jan 5,1953

Feb. 2,1966

Joyce B. Tolin

Feb. 2,1966

735-225-018-995

Department of Public Health
Division of Vital Statistics
Boise, Idaho

RECEIVED
OCT 22 1956
Division of Vital Statistics

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De56-1102
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Name at Birth: Lois Stephens

2. Date of Birth: July 25 1896

3. Color or Race: White

4. Sex: Female

5. Place of Birth: a. County: Clearwater; b. City or Town of Birth: Home

FATHER

6. Full Name of Father: Allen Daniel Stephens

7. State or Country of Father's Birth: Ferris County, Texas

MOTHER

8. Full Maiden Name of Mother: Mary Ann Riebold

9. State or Country of Mother's Birth: Nevada, California

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Lois Shields (nee Stephens)

11. Present Address of Registrant: SCEPTRE SASKATCHEWAN

NOTARY (Seal)

Subscribed and sworn to before me on 16th October 1956

12. Signature of Notary: [signature]

13. Notary Commission expires: My commission has no expiry date 19

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Affidavit by Sister	Sceptre, Saskatchewan Bessie Leauyer	September	28, 1956
Class* B	Date of Birth: July 25, 1896 / Birth Place: Idaho Clearwater Co.,	Full Name of Mother: Mary Ann Riebold	Name of Father: Allen Daniel Stephens	
SUPPORTING RECORD 2.	Census Record	Washington 25, D. C. Bureau of the Census	Oct. 18,51	Census of 1900 June 1
Class A	Date of Birth: July 1896 / Birth Place: Idaho	Full Name of Mother: Mary Stevens	Name of Father: Allen Stevens	
SUPPORTING RECORD 3.	Insurance Record	Prairie Mutual Benefit	July 14, 1931	
Class B	Date of Birth: July 25, 1896 / Birth Place: Idaho	Full Name of Mother	Name of Father	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: W. W. Barron

Evidence reviewed by: vw Verna Wilson

Date Filed: Oct. 22,1956

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

OCT 22 1958

294-228-029 RECEIVED

Department of Public Health
Division of Vital Statistics
Boise, Idaho

OCT 29 1956
Division of Vital Statistics

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De56-1130
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Mabel ~~Ellen~~ Lorraine Sims		2. Date of Birth (month) Oct (day) 28 (year) 1896	
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Troy - Idaho U.S.A.	b. City or Town of Birth: Troy Idaho U S A
FATHER	6. Full Name of Father: or Lewis Edward Sims		7. State or Country of Father's Birth: Indiana U.S.A.	
MOTHER	8. Full Maiden Name of Mother: Rose May Plunkitt		9. State or Country of Mother's Birth: Indiana U.S.A	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Mabel L. Denbury	11. Present Address of Registrant: 827-1st Ave N.W. Calgary Canada	
NOTARY (Seal)	Subscribed and sworn to before me on: 17 October 1956	12. Signature of Notary: [illegible]	13. Notary Commission expires: permanent 19	

APPLICANT—DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit	By whom issued and signed: Lewis E. Sims	Date Issued: October	Date Orig. Entry: 17, 1956
Class* B	Date of Birth: October 28, 1896 / Birth Place: Troy, Idaho	Full Name of Mother: Rose May Plunkitt	Name of Father: Lewis Edward Sims	
SUPPORTING RECORD 2.	Type of Document: Insurance Policy	By whom issued and signed: Continental Casualty Co.	Date Issued: Sept. 24,	Date Orig. Entry: 1949
Class B	Date of Birth: 1896 / Birth Place:	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 3.	Type of Document: Certificate of Marriage	By whom issued and signed: Canada Province of Alberta	Date Issued:	Date Orig. Entry: Sept. 10, 1919
Class B	Date of Birth: Age 22 / Birth Place: Troy, Idaho	Full Name of Mother: Rosa May Plunkitt	Name of Father: Lewis Edward Sims	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. M. Benson	Evidence reviewed by: Verna Wilson	Date Filed: Oct. 29, 1956

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

OCT 30 1956

863-108-003-154

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De56-1132
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: John Walter Holsten
2. Date of Birth (month) July (day) 8th (year) 1896
3. Color or Race: White
4. Sex: Male
5. Place of Birth a. County: Bannock County
b. City or Town of Birth: Lund, Idaho

FATHER

6. Full Name of Father: Charles Jacob Holsten
7. State or Country of Father's Birth: Sweden

MOTHER

8. Full Maiden Name of Mother: Christina C. Anderson
9. State or Country of Mother's Birth: Sweden

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: John Walter Holsten
11. Present Address of Registrant: Heyburn, Idaho

NOTARY (Seal)

Subscribed and sworn to before me on October 26th 1956

12. Signature of Notary: Marie Burgess
Notary Public for State of Idaho, residing at Burley, Idaho.

13. Notary Commission expires: December 23rd 1956.

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Child's birth certificate	Boise, Idaho Idaho File #156551	Oct.11,51	Oct.13,1927
Class* B	Date of Birth: Age 31	Birth Place: Lund, Idaho	Full Name of Mother:	Name of Father:
SUPPORTING RECORD 2.	Church Record	Heyburn, Idaho L.D.S. Church	March 2,	1952
Class B	Date of Birth: July 8, 1896	Birth Place: Lund, Idaho	Full Name of Mother: Christina C. Anderson	Name of Father: Charles Jacob Holsten
SUPPORTING RECORD 3.	Insurance Policy	St. Louis, Missouri Central States Life Ins.	June 19,	1919
Class B	Date of Birth: July 8, 1896	Birth Place: Lund, Idaho	Full Name of Mother:	Name of Father:

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
	Verna Wilson	Oct. 30,1956

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

OCT 30 1956

264-306
822-895

Department of Public Health
Division of Vital Statistics
Boise, Idaho

RECEIVED SEP 13 1956 Division of Vital Statistics

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De56-1143
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: LILLIE IRENE SOUTHWORTH		2. Date of Birth (month) (day) (year): December 6 1896
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Wilford Fremont; b. City or Town of Birth:
FATHER	6. Full Name of Father: Joseph A. Southworth		7. State or Country of Father's Birth: unknown.
MOTHER	8. Full Maiden Name of Mother: Lucy Ringrose.		9. State or Country of Mother's Birth: unknown.
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Lillie Irene Southworth	11. Present Address of Registrant: Rupert - Idaho.
NOTARY (Seal)	Subscribed and sworn to before me on: SEPT. 11, 1956	12. Signature of Notary: Jane C. Metsey	13. Notary Commission expires: DECEMBER 13 1959

APPLICANT—DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1. Class* B	Type of Document: Son's birth certificate	By whom issued and signed: Boise, Idaho Idaho File #99422		Date Issued: Jan. 19, 56	Date Orig. Entry: Feb. 27, 1922
	Date of Birth: Age 25	Birth Place: Idaho	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 2. Class B	Type of Document: Affidavit by Aunt	By whom issued and signed: Mary Southworth Jessen		Date Issued: October 4, 1956	Date Orig. Entry:
	Date of Birth: December 6, 1896	Birth Place: Wilford, Idaho	Full Name of Mother: Lucy Ringrose	Name of Father: Joseph Alanson Southworth	
SUPPORTING RECORD 3. Class B	Type of Document: U.S. Census Report	By whom issued and signed: U. S. Dept. of Commerce Bureau of the Census		Date Issued: Oct. 17, 1956	Date Orig. Entry: Census of 1900 Taken June 1
	Date of Birth: Dec. 1896	Birth Place: Idaho	Full Name of Mother: Lucy Southworth	Name of Father: Joseph A. Southworth	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. M. Beers	vr Shirley Straubhar	Oct. 31, 1956

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

1 copy paid

Form DRH #0067

NOV 1 19

85-3-210-029-743

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

Department of Public Health
Division of Vital Statistics
Boise, Idaho

State File No. De56-1150
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: ALMA ELYDIA HELLERUD
2. Date of Birth: (month) AUGUST (day) 10, (year) 1896
3. Color or Race: White
4. Sex: Female
5. Place of Birth: a. County: Latah County; b. City or Town of Birth: Park

FATHER

6. Full Name of Father: Stener H. Hellerud
7. State or Country of Father's Birth: Minnesota

MOTHER

8. Full Maiden Name of Mother: Gunild O. Gullingsrud
9. State or Country of Mother's Birth: Norway

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Alma Elydia Hellerud Lathrop
11. Present Address of Registrant: Uniontown Washington

NOTARY (Seal)

Subscribed and sworn to before me on May 16 1956

12. Signature of Notary: W. K. Leep
13. Notary Commission expires: NOTARY PUBLIC FOR IDAHO RESIDING AT LEWISTON THEREIN. MY COMMISSION EXPIRES FEB. 1, 1957.

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Class* B

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Affidavit	Nez Perce County, Idaho Adolph Swenson	October 22, 1956	

Date of Birth	Birth Place	Full Name of Mother	Name of Father
August 10, 1896	Park, Idaho		

SUPPORTING RECORD 2.

Class B

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Marriage Record	O. W. Mintzer- Minister Asotin County, Washington	Sept. 25, 56	July 5, 1917

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Age 20	Idaho	Gunil O. Gillinsford	Steiner Hellerud

SUPPORTING RECORD 3.

Class B

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Census Record	Department of Commerce Bureau of the Census	June 28, 56	Census of 1920 January 1

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Age 23	Idaho		

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Barron	Verna Wilson	November 1, 1956

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form PBH #0063

NOV 1 1960

244-203-033-165

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

Department of Public Health
Division of Vital Statistics
Boise, Idaho

State File No. De56-1156
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Zina Opal Summers		2. Date of Birth (month) Nov. (day) 3 (year) 1896
	3. Color or Race: White	4. Sex: F	5. Place of Birth a. County: Madison; b. City or Town of Birth: Burton
FATHER	6. Full Name of Father: John Charles Summers		7. State or Country of Father's Birth: Utah
MOTHER	8. Full Maiden Name of Mother: Mary Elizabeth Jones		9. State or Country of Mother's Birth: Nebraska
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Zina S. Clark	11. Present Address of Registrant: Rexburg, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: September 5 1955	12. Signature of Notary: Mary Smith	13. Notary Commission expires: June 25 1959

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1. Class* B	Type of Document: Family Record	By whom issued and signed: Books in Possession of Essie Eliza Summers	Date Issued: Viewed by Notary Public Oct. 24, 1956	Date Orig. Entry
	Date of Birth: Nov. 3, 1896	Birth Place: Burton	Full Name of Mother: Mary E. Summers	Name of Father: J. C. Summers
SUPPORTING RECORD 2. Class B	Type of Document: Church Record	By whom issued and signed: L.D.S. Fremont Stake	Date Issued: Aug. 18,56	Date Orig. Entry: June6,1897
	Date of Birth: Nov. 3, 1896	Birth Place: Burton	Full Name of Mother: Mary Elizabeth Jones	Name of Father: John C. Summers
SUPPORTING RECORD 3. Class B	Type of Document: Affidavit by person who assisted at birth	By whom issued and signed: Maria Terry Byrne	Date Issued: Aug. 31, 1955	Date Orig. Entry
	Date of Birth: Nov. 3, 1896	Birth Place: Burton	Full Name of Mother: Mary Elizabeth Jones	Name of Father: John Charles Summers
QUALIFYING INFORMATION				
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.			
	State Registrar: W. W. Denson	Evidence reviewed by: ss Shirley Straubhar		Date Filed: Nov. 5, 1956

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

NOV 6 1958

551-209-036-551

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De56-1174
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: HARRIETT EVANS		2. Date of Birth (month) (day) (year): November 9, 1896
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: ~~Madison~~ Oneida; b. City or Town of Birth: Malad City
FATHER	6. Full Name of Father: Joseph W. Evans		7. State or Country of Father's Birth: Wales
MOTHER	8. Full Maiden Name of Mother: Mary Ann Evans		9. State or Country of Mother's Birth: Wales
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Harriett Lusk	11. Present Address of Registrant: Malad City, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: July 17 19 56	12. Signature of Notary: E J Scott	13. Notary Commission expires: May 19 19 59

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1. Class* B	Type of Document: Social Security Record	By whom issued and signed: Treasury Department	Date Issued: September	Date Orig. Entry: 21, 1939
	Date of Birth: November 9, 1896	Birth Place: Malad City, Idaho	Full Name of Mother: Mary Ann Evans	Name of Father: Joseph W. Evans
SUPPORTING RECORD 2. Class B	Type of Document: Insurance Policy	By whom issued and signed: Boise, Idaho Idaho Mutual Benefit	Date Issued: December	Date Orig. Entry: 20, 1938
	Date of Birth: November 9, 1896	Birth Place: Malad City, Idaho	Full Name of Mother:	Name of Father:
SUPPORTING RECORD 3. Class B	Type of Document: Record from Notarized Family Bible	By whom issued and signed: Harriett Lusk	Date Issued: Nov. 5,	Date Orig. Entry: 1956
	Date of Birth: Nov. 9, 1896	Birth Place: Malad	Full Name of Mother:	Name of Father: Joseph W. Evans
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W M Jensen	Evidence reviewed by: VW Shirley Straubhar	Date Filed: Nov. 8, 1956

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

AUG 5 2007

Department of Public Health
Division of Vital Statistics
Boise, Idaho

RECEIVED SEP 20 1956 Division of Vital Statistics

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De56-1208
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Harry Wick Shanafelt			2. Date Of Birth (month) October (day) 5th (year) 1896	
	3. Color or Race: white	4. Sex: male	5. Place of Birth: a. County: Lemhi	b. City or Town of Birth: Salmon, Idaho	
FATHER	6. Full Name of Father: Henry Wick Shanafelt			7. State or Country of Father's Birth: Missouri	
MOTHER	8. Full Maiden Name of Mother: Anna Martin			9. State or Country of Mother's Birth: Missouri	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Harry Wick Shanafelt	11. Present Address of Registrant: Salmon, Idaho Box 44	
NOTARY (Seal)	Subscribed and sworn to before me on: Sept. 17 1956		12. Signature of Notary: Edgar W. Smith	13. Notary Commission expires: Dec. 12 1956	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1. Class* B	Type of Document: Son's birth certificate		By whom issued and signed: Boise, Idaho Idaho File #131787	Date Issued: May 20, 42	Date Orig. Entry: Apr. 6, 1925
	Date of Birth: Age 28	Birth Place: Idaho	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 2. Class B	Type of Document: Family Bible		By whom issued and signed: Merle L. Shanafelt Hazel P. Shanafelt	Date Issued: September	Date Orig. Entry: 10, 1952
	Date of Birth: October 5, 1896	Birth Place: Salmon, Idaho	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 3. Class B	Type of Document: Affidavit by Brother		By whom issued and signed: M.L. Shanafelt	Date Issued: Nov. 19, 1956	Date Orig. Entry:
	Date of Birth: Oct. 5, 1896	Birth Place: Salmon, Idaho	Full Name of Mother: Anna Martin Shanafelt	Name of Father: D. Wick Shanafelt	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	vr Shirley Straubhar	Nov. 26, 1956

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

1 Copy issued

Form DPH 49067

219-207-016-419

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

Department of Public Health
Division of Vital Statistics
Boise, Idaho

State File No. De56-1235
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: MAY BARRETT			2. Date Of Birth (month) (day) (year): MAY 7, 1899
	3. Color or Race: WHITE	4. Sex: FEMALE	5. Place of Birth a. County: CASSIA	b. City or Town of Birth: ALBION
FATHER	6. Full Name of Father: EDWARD BARRETT			7. State or Country of Father's Birth: ENGLAND
MOTHER	8. Full Maiden Name of Mother: ALICE MARSH			9. State or Country of Mother's Birth: ENGLAND
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Mayor Mae Evans		11. Present Address of Registrant: 1023 Santa Catalina Ave.
NOTARY (Seal)	Subscribed and sworn to before me on: 11-27- 1956	12. Signature of Notary: Fred Adams		13. Notary Commission expires: My Commission Expires Oct. 20, 1958 19

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1. Class* B	Type of Document: Baptismal Certificate	By whom issued and signed: LDS Church Thomas E. Harper	Date Issued: 7-20-1956	Date Orig. Entry: Baptized May 7, 1907	
	Date of Birth: May 7,1899	Birth Place: Albion, Idaho	Full Name of Mother: Alice Marsh	Name of Father: Edward Barrett	
SUPPORTING RECORD 2. Class B	Type of Document: Affidavit by Sister	By whom issued and signed: Geneva B. Harper-Sister	Date Issued: October 30,	Date Orig. Entry: 1956	
	Date of Birth: May 7, 1899	Birth Place: Albion, Idaho	Full Name of Mother: Alice Marsh	Name of Father: Edward Barrett	
SUPPORTING RECORD 3. Class B	Type of Document: Bible Record	By whom issued and signed: Mother-Alice Marsh Barrett near time of birth	Date Issued: Viewed photostatic copy notorized on Nov. 27, 1956	Date Orig. Entry:	
	Date of Birth: May 7, 1899	Birth Place:	Full Name of Mother:	Name of Father:	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: Shirley Cooper	Date Filed: 12-4-56

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

NOTARY PUBLIC in and for the County of Los Angeles, State of California

Form DPH 49067

759-104-029-962

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De56-1241
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Albert Gerber			2. Date Of Birth (month) (day) (year): August 4, 1896
	3. Color or Race: White	4. Sex: male	5. Place of Birth a. County: Latah	b. City or Town of Birth: none
FATHER	6. Full Name of Father: Emil Gerber			7. State or Country of Father's Birth: Switzerland
MOTHER	8. Full Maiden Name of Mother: Emma Robinson			9. State or Country of Mother's Birth: Nebraska
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Albert Gerber		11. Present Address of Registrant: Viola, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: June 8, 1956	12. Signature of Notary: [illegible]		13. Notary Commission expires: July 30, 1958

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: affidavit by neighbor of parents	By whom issued and signed: Homer A. Kissinger Moscow, Idaho	Date Issued: 3-9-56	Date Orig. Entry:
Class* B	Date of Birth: August 4, 1896	Birth Place: Viola Idaho	Full Name of Mother: Emma Gerber	Name of Father: Emil Gerber
SUPPORTING RECORD 2.	Type of Document: Bible record	By whom issued and signed: viewed by Anna K. Battick Notary	Date Issued:	Date Orig. Entry: obviously old
Class B	Date of Birth: August 4, 1896	Birth Place: Viola Idaho	Full Name of Mother: Emma Susan Robertson	Name of Father: Emil Gerber
SUPPORTING RECORD 3.	Type of Document: U.S. Census Report	By whom issued and signed: U.S. Department of Commerce Bureau of the Census	Date Issued: Nov. 7, 1956	Date Orig. Entry: June 1, 1900
Class B	Date of Birth: Aug. 1896	Birth Place: Idaho	Full Name of Mother: Susan E. Gerber	Name of Father: Emil Gerber
QUALIFYING INFORMATION				
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.			
	State Registrar: W. M. Benson	Evidence reviewed by: bw Shirley Straubhar		Date Filed: Dec. 6, 1956

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH H0063

DEC 6 1956

692-209-005-356

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

Department of Public Health
Division of Vital Statistics
Boise, Idaho

State File No. De56-1243
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Josephine Fisher
2. Date Of Birth (month) May (day) 9th (year) 1896
3. Color of Race: White
4. Sex: Female
5. Place of Birth a. County: Idaho Benewah formerly Kootenai
b. City or Town of Birth: St Maries

FATHER

6. Full Name of Father: Joseph Fisher
7. State or Country of Father's Birth: Harrisville Michigan

MOTHER

8. Full Maiden Name of Mother: Addie Lewis
9. State or Country of Mother's Birth: New York State

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Josephine Fisher (Mrs Fred Fowler)
11. Present Address of Registrant: 2326 N. 60th Seattle 3 Wash

NOTARY (Seal)

Subscribed and sworn to before me on: Nov 30, 1956
12. Signature of Notary: F. Straub
13. Notary Commission expires: June 2, 1960

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1. Class* B	Type of Document: Affidavit by Brother	By whom issued and signed: Birt F. Fisher	Date Issued: June 30, 1956	Date Orig. Entry
	Date of Birth: May 9, 1896	Birth Place: St. Mary's, Ida.	Full Name of Mother: Addie Fisher	Name of Father: Joseph Fisher
SUPPORTING RECORD 2. Class B	Type of Document: Certificate of Marriage	By whom issued and signed: No. #19314 Spokane, Washington	Date Issued: Date of Marriage Sept. 25, 1915	Date Orig. Entry
	Date of Birth: age 19	Birth Place: Idaho	Full Name of Mother: Addie Lewis	Name of Father: Joseph Fisher
SUPPORTING RECORD 3. Class B	Type of Document: Son's Birth Certificate	By whom issued and signed: Washington #4915	Date Issued: Child's Birth Date 12/17/1926	Date Orig. Entry
	Date of Birth: age 30	Birth Place: St. Mary's, Ida.	Full Name of Mother:	Name of Father:

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. M. Benson	Shirley Straubhar	Dec. 6, 1956

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

2 copies paid

Form DPH 40067

DEC 7 1956

993-211-010 RECEIVED

Department of Public Health
Division of Vital Statistics
Boise, Idaho

SEP 24 956

Division of Vital Statistics

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De56-1249
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Lutie Riley			2. Date Of Birth: (month) Oct. (day) 11 (year) 1896
	3. Color or Race: White	4. Sex: female	5. Place of Birth: a. County: Bonneville	b. City or Town of Birth: Poplar
FATHER	6. Full Name of Father: William Luther Riley			7. State or Country of Father's Birth: Illinois
MOTHER	8. Full Maiden Name of Mother: Margaret Smith			9. State or Country of Mother's Birth: Maryland
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: X Lutie Rumpel		11. Present Address of Registrant: 1315 West "M" Street Wilmington, California
NOTARY (Seal)	Subscribed and sworn to before me on: SEP 10 1956 19	12. Signature of Notary: Dora Foltz		13. Notary Commission expires: Aug 18 1959

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit	By whom issued and signed: Margaret Riley Brammer	Date Issued: August 7, 1956	Date Orig. Entry
Class* B	Date of Birth: October 11, 1896 / Birth Place: Idaho Bonneville Co.,	Full Name of Mother: Margaret Smith Riley	Name of Father: William Luther Riley	
SUPPORTING RECORD 2.	Type of Document: Child's birth certificate	By whom issued and signed: Boise, Idaho Idaho File# 119892	Date Issued: February	Date Orig. Entry: 12, 1924
Class B	Date of Birth: Age 27 / Birth Place: Idaho	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 3.	Type of Document: Certificate of Baptism	By whom issued and signed: John Song, Pastor	Date Issued:	Date Orig. Entry: Baptized Feb 4, 1904
Class	Date of Birth: Oct 11, 1896 / Birth Place: Poplar, Idaho	Full Name of Mother:	Name of Father:	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: vr Joyce B. Foltz	Date Filed: Dec 7, 1956

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

1 copy paid

Form DPH 40067

DEC 10 1956

843-108-007-271

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De57-073

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Joseph Bryan Hulse			2. Date of Birth (month) Nov. (day) 8 (year) 1896
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Idaho - Blaine	b. City or Town of Birth: Bellvue (Bellview)
FATHER	6. Full Name of Father: Joseph B. Hulse (X)			7. State or Country of Father's Birth: Iowa
MOTHER	8. Full Maiden Name of Mother: Kathleen (Kittie) Sparguer			9. State or Country of Mother's Birth: California
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Joseph Bryan Hulse		11. Present Address of Registrant: Winston, Oregon
NOTARY (Seal)	Subscribed and sworn to before me on: Dec. 10 1956	12. Signature of Notary: A.J. Kleve		13. Notary Commission expires: My Commission Expires Feb. 15, 1958 19

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: U.S. Census Report	By whom issued and signed: U.S. Dept. of Commerce Bureau of the Census	Date Issued: Nov. 27, 1956	Date Orig. Entry: June 1, 1900
	Date of Birth: Nov. 1896 / Birth Place: Idaho	Full Name of Mother: Kittie S. Hulse	Name of Father: Joseph B. Hulse	
SUPPORTING RECORD 2.	Type of Document: Discharge Papers	By whom issued and signed: U.S. Army	Date Issued: April 19, 1919	Date Orig. Entry:
	Date of Birth: age 20 8/12 / Birth Place: Bellview, Idaho	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 3.	Type of Document: Social Security Record	By whom issued and signed: U.S. Treasury Dept.	Date Issued: 4/17/37	Date Orig. Entry:
	Date of Birth: Nov. 8, 1896 / Birth Place: Bellview, Idaho	Full Name of Mother: Kitty Gertrude Sparguer	Name of Father: Joseph Bryan Hulse	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Barron	SS Shirley Straubhar	Jan. 25, 1957

FORM BH 56067

JAN 28 1957

381-223-025-289

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De57-239
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Eva Mae Chase
2. Date Of Birth (month) (day) (year): May 23 1896
3. Color or Race: White
4. Sex: Female
5. Place of Birth a. County: Idaho
b. City or Town of Birth: Grangeville

FATHER

6. Full Name of Father: Edwin Isac Chase
7. State or Country of Father's Birth: Oregon

MOTHER

8. Full Maiden Name of Mother: Mary Josephine Briscoe
9. State or Country of Mother's Birth: Arkansas

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Eva M. Manning
11. Present Address of Registrant: 320 South College Grangeville, Idaho

NOTARY (Seal)

Subscribed and sworn to before me on: February 15, 19 57

12. Signature of Notary: Floyd M. Canaan
13. Notary Commission expires: 19

APPLICANT — DO NOT WRITE BELOW THIS LINE

	Type of Document	Date of Birth	Birth Place	By whom issued and signed	Full Name of Mother	Date Issued	Name of Father	Date Orig. Entry
SUPPORTING RECORD 1. Class* B	Hospital Record	May 23, 1896		Our Lady of Consolation Hosp. Cottonwood, Idaho		2-6-57		7-11-1933
SUPPORTING RECORD 2. Class B	School Record	age 19		Delmar Engelking-Supt. Idaho Co., Grangeville		10-30-50		Jan. 1916
SUPPORTING RECORD 3. Class B	Affidavit by old family acquaintance	May 23, 1896	Idaho County	Alida Briscoe	Mary Josephine Briscoe	3-1-57	Edwin Isac Chase	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: W. W. Barron
Evidence reviewed by: ss Shirley Straubhar
Date Filed: Mar. 9, 1957

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

1957

699-102-004-651

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De57-252

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Conover Wright
2. Date of Birth (month) (day) (year): September 2, 1896
3. Color or Race: White
4. Sex: Male
5. Place of Birth — a. County: Bear Lake
   b. City or Town of Birth: Bennington

FATHER

6. Full Name of Father: Amos Russell Wright
7. State or Country of Father's Birth: Illinois

MOTHER

8. Full Maiden Name of Mother: Martha Loella Weaver
9. State or Country of Mother's Birth: Utah

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Conover Wright
11. Present Address of Registrant: Bennington Idaho

NOTARY (Seal)

Subscribed and sworn to before me on: February 25 1957
12. Signature of Notary: Hazel L. Hurlbert
13. Notary Commission expires: Sept. 28 1960

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Child's Birth Certificate	State of Idaho #92036	Child's Birthdate July 3, 1921	

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Age 24	Bennington, Ida.		

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Church Records	L. D. S. Church in Bennington	September	11, 1904

Date of Birth	Birth Place	Full Name of Mother	Name of Father
September 2, 1896	Bennington, Ida.	Loella Weaver	Amos Russell Wright

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Affidavit by Attending Midwife age 84	Catherine A. Wright	3-1-57	

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Sept. 2, 1896	Bennington, Ida.	Martha Loella Weaver	Amos Russell Wright

QUALIFYING INFORMATION

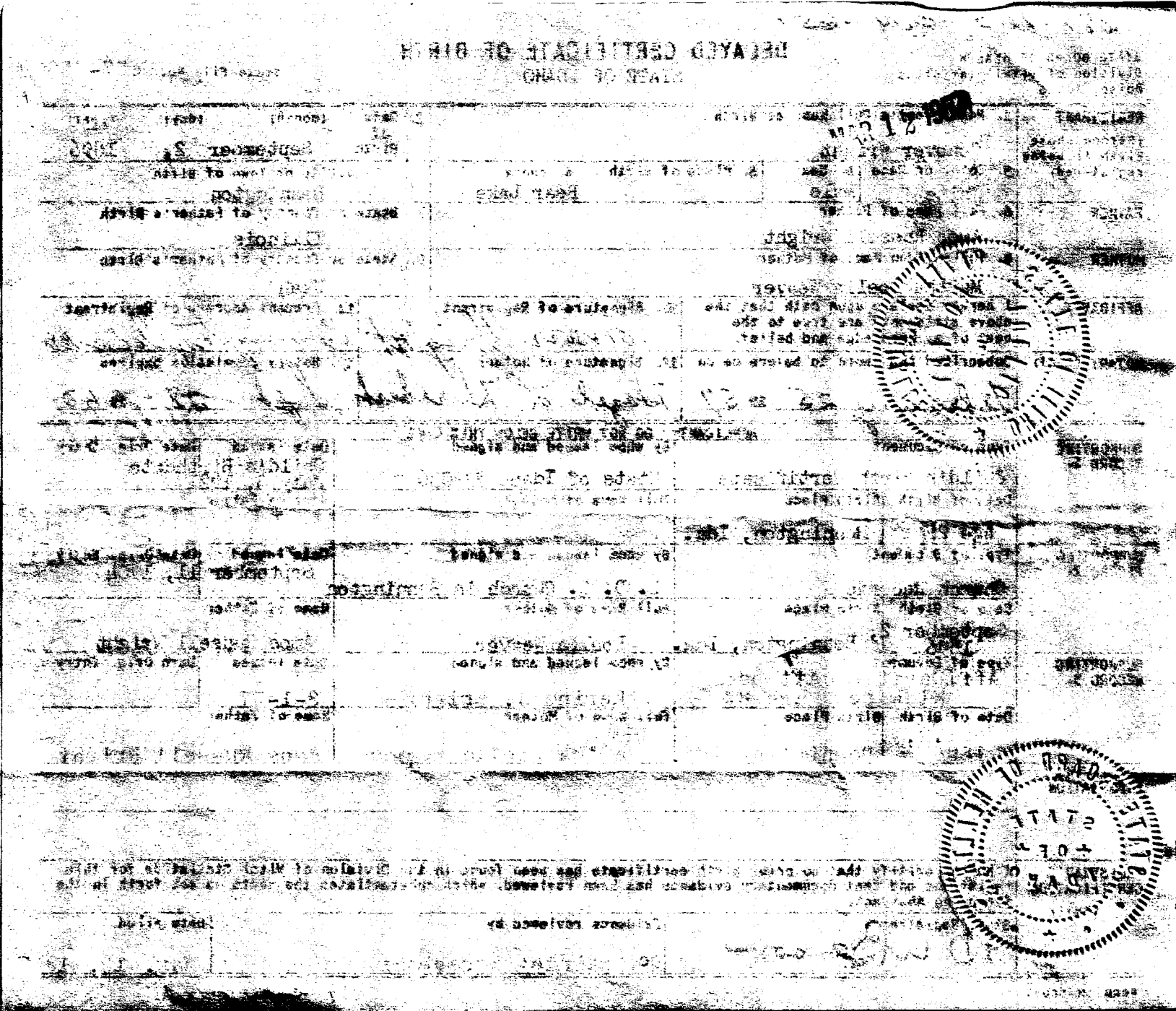
REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: W. M. Barnum
Evidence reviewed by: sc Shirley Straubhar
Date Filed: Mar. 12, 1957

FORM BH 56067

1 copy paid



816-122-003-849

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De57-280

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Thomas Dobson Hawes		2. Date of Birth (month) (day) (year): January. 22, 1896.
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Bannock. b. City or Town of Birth: Swan Lake.
FATHER	6. Full Name of Father: John Hawes		7. State or Country of Father's Birth: Idaho.
MOTHER	8. Full Maiden Name of Mother: Clara Quigley Hawes.		9. State or Country of Mother's Birth: Idaho.
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Thomas Dobson Hawes	11. Present Address of Registrant: Downey, Idaho.
NOTARY (Seal)	Subscribed and sworn to before me on: March 3rd 1957	12. Signature of Notary: Sam Robinson	13. Notary Commission expires: 5-10 1958

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by Father	By whom issued and signed: John Hawes, Sr.	Date Issued: 3-11-57	Date Orig. Entry:
	Date of Birth: Jan. 22, 1896 / Birth Place: Swan Lake, Idaho	Full Name of Mother: Clara Quigley Hawes	Name of Father: John Hawes Sr.	
SUPPORTING RECORD 2.	Type of Document: Army Discharge	By whom issued and signed: U.S. Army	Date Issued: 8-16-1919	Date Orig. Entry: Enlisted 10-3-1917
	Date of Birth: age 21 & 9/12 mo. / Birth Place: Swan Lake, Idaho	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 3.	Type of Document: Insurance Policy	By whom issued and signed: LaSalle Casualty Co. Chicago, Illinois	Date Issued: 7-14-52	Date Orig. Entry:
	Date of Birth: Jan. 22, 1896 / Birth Place:	Full Name of Mother:	Name of Father:	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
D W Bergam	Shirley Straubhar	Mar. 19, 1957

FORM BH 56067

DELAYED CERTIFICATE OF BIRTH

Affidavit by Father

John Hawes, Jr.

3-11-57

Jan. 23, 1926

Idaho

U.S. Army

8-16-1945

Policy

Jan. 1926

Shirley Strawbridge

Mar. 15, 1957

259-214-014-768

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De57-314
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Gussie Adele Bergh		2. Date Of Birth: (month) Sept. (day) 14 (year) 1896	
	3. Color or Race: White	4. Sex: Female	5. Place of Birth: a. County: Canyon	b. City or Town of Birth: Nampa Idaho
FATHER	6. Full Name of Father: Gustavus Adelph Bergh		7. State or Country of Father's Birth: Mount Herib- Wisconsin	
MOTHER	8. Full Maiden Name of Mother: Sarah Jane Poyns		9. State or Country of Mother's Birth: Marshalltown- Iowa	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Gussie Adele Bergh Patton 1415 Bruce, Seattle, Wash	11. Present Address of Registrant	
NOTARY (Seal)	Subscribed and sworn to before me on: March 5 1957	12. Signature of Notary: George Haggland	13. Notary Commission expires: January 3 1958	

APPLICANT — DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1. Class*	Certificate of Baptism	St. Michael's Cathedral		12-26-26
	Date of Birth	**Birth Place**	**Full Name of Mother**	**Name of Father**
	Sept. 14, 1896	Nampa, Idaho	Jayne Poyns	G. A. Bergh
SUPPORTING RECORD 2. Class	Affidavit by Aunt	Zena Bergh - Aunt	1-24-57	
	Date of Birth	**Birth Place**	**Full Name of Mother**	**Name of Father**
	September 14, 1896	Nampa, Idaho	Sarah Jane Poyns	Gustavus Adolph Bergh
SUPPORTING RECORD 3. Class	Type of Document: School Record of Age	By whom issued and signed: School Dist. No. 37 Nampa, Idaho	Date Issued: Sept. 1909	Date Orig. Entry
	Date of Birth	**Birth Place**	**Full Name of Mother**	**Name of Father**
	Age 13			G. A. Bergh
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (Seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Barron	Shirley Cooper	3-26-57

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DELAYED

Copy of 1899-377282

279-203-020-391

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De57-354

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Lemore Frances Springer
2. Date Of Birth (month) (day) (year): February 3, 1896
3. Color or Race: White
4. Sex: Female
5. Place of Birth a. County: Elmore
b. City or Town of Birth: So. Fork of the Boise River

FATHER

6. Full Name of Father: John Lewis Springer
7. State or Country of Father's Birth: Maine

MOTHER

8. Full Maiden Name of Mother: Ida Frances Craft
9. State or Country of Mother's Birth: Iowa

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Lemore Springer Pyle
11. Present Address of Registrant: 923 N. Nevada Colo Spgs Colorado

NOTARY (Seal)

Subscribed and sworn to before me on: 25th March 1957
12. Signature of Notary: John Schafer
13. Notary Commission expires: May 7 1960

APPLICANT — DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Affidavit by Mother	Ida F. Springer	1-31-57	
	Date of Birth: Feb. 3, 1896 / Birth Place: Elmore County S.Fork Boise River	Full Name of Mother: Ida F. Springer	Name of Father: John Lewis Springer	
SUPPORTING RECORD 2.	U.S. Census Record	U.S. Dept of Commerce	3-4-57	6-1-1900
	Date of Birth: Feb. 1896 / Birth Place: Idaho	Full Name of Mother: Ida F. Springer	Name of Father: John L. Springer	
SUPPORTING RECORD 3.	School Record	Webster Co., Nebraska	1-29-57	7-11-1917
	Date of Birth: Feb. 3, 1896 / Birth Place:	Full Name of Mother: Mrs. Springer	Name of Father:	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: W. L. Benson
Evidence reviewed by: ss Nancy Richards
Date Filed: 4-4-57

FORM BH 56067

DELAYED CERTIFICATE OF BIRTH

APR 4 1957

Feb. 1896 Idaho

Idaho P. Springer

U.S. Dept of Commerce

Webster Co., Nebraska

1-22-57

7-11-1957

819-11-026-249

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De57-356

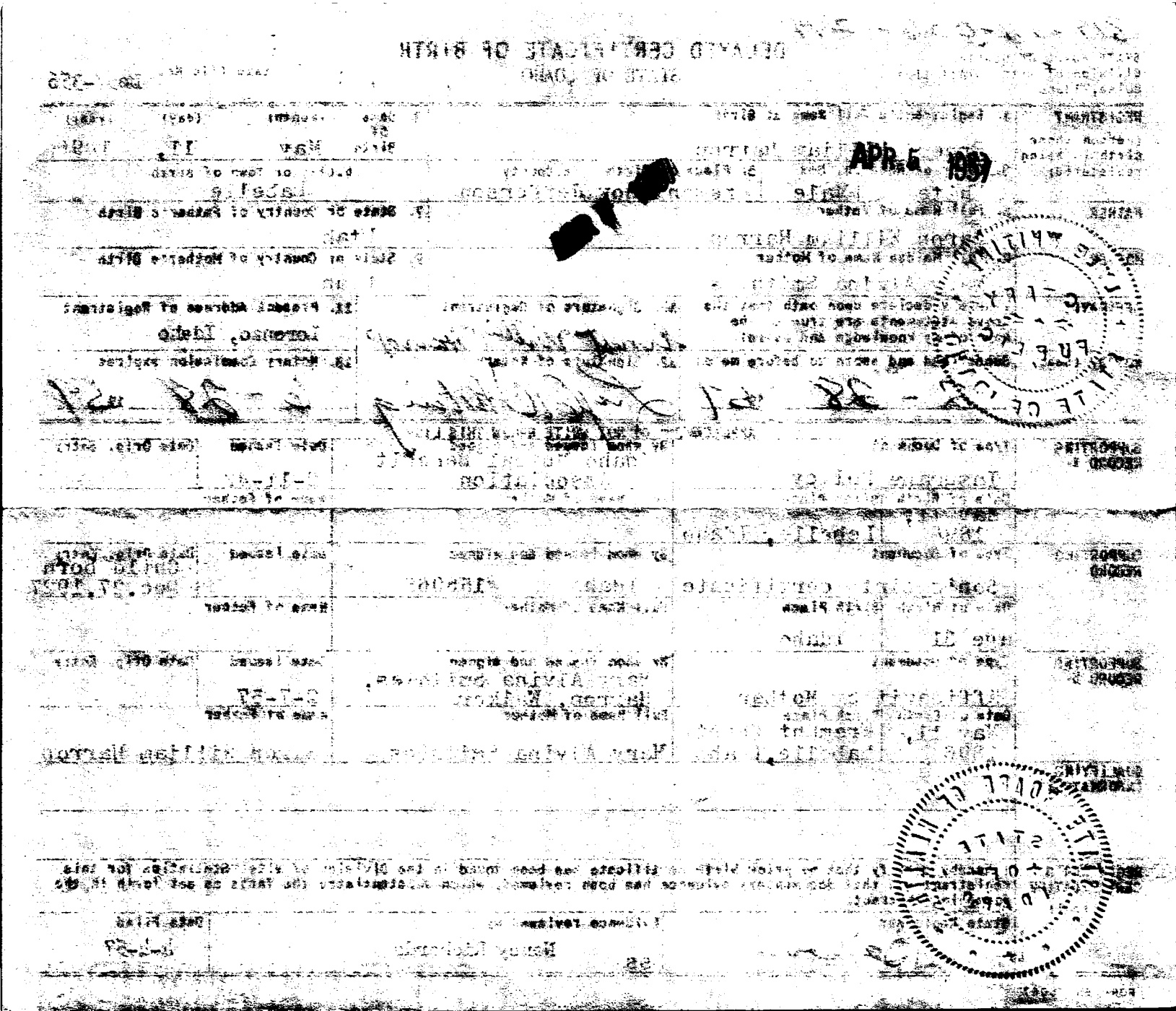
REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Ernest William Harrop		2. Date Of Birth (month) May (day) 11, (year) 1896	
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Fremont now Jefferson	b. City or Town of Birth: Labelle
FATHER	6. Full Name of Father: Aaron William Harrop		7. State or Country of Father's Birth: Utah	
MOTHER	8. Full Maiden Name of Mother: Mary Alvina Smithies		9. State or Country of Mother's Birth: Utah	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Ernest William Harrop	11. Present Address of Registrant: Lorenzo, Idaho	
NOTARY (Seal)	Subscribed and sworn to before me on 2-28 1957	12. Signature of Notary: Lyle Whiting	13. Notary Commission expires: 6-28 1959	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Insurame Policy	By whom issued and signed: Idaho Mutual Benefit Association	Date Issued: 2-11-42	Date Orig. Entry:
	Date of Birth: May 11, 1896 / Birth Place: Lebelle, Idaho	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 2.	Type of Document: Son's birth certificate	By whom issued and signed: Idaho #158065	Date Issued:	Date Orig. Entry: Child born Dec. 27, 1927
	Date of Birth: age 31 / Birth Place: Idaho	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 3.	Type of Document: Affidavit by Mother	By whom issued and signed: Mary Alvina Smithies, Harrop, Walker	Date Issued: 2-7-57	Date Orig. Entry:
	Date of Birth: May 11, 1896 / Birth Place: Fremont County Labelle, Idaho	Full Name of Mother: Mary Alvina Smithies	Name of Father: Aaron William Harrop	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. L. Benson	Evidence reviewed by: Nancy Richards ss	Date Filed: 4-4-57

FORM BH 56067 2



293-223-001-231

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De57-495

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: ELLA MAE BILTGEN			2. Date of Birth (month) (day) (year): July 23, 1896
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Boise,	b. City or Town of Birth: Boise, Idaho
FATHER	6. Full Name of Father: Albert Francis Bèltgen			7. State or Country of Father's Birth: Iowa
MOTHER	8. Full Maiden Name of Mother: Elsie Blank			9. State or Country of Mother's Birth: Oregon
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Ella Mae Gilpin		11. Present Address of Registrant: RFD # I, Scappoose, Oregon
NOTARY (Seal)	Subscribed and sworn to before me on: March 1, 19 57	12. Signature of Notary: [signature]		13. Notary Commission expires: January 14, 19 58

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Driver's License (Motor Vehicle)	By whom issued and signed: State of Wisconsin #20576	Date Issued: 3-27-42	Date Orig. Entry:
	Date of Birth: July 23, 1896	Birth Place:	Full Name of Mother:	Name of Father:
SUPPORTING RECORD 2.	Type of Document: Application for Social Security Account Number	By whom issued and signed: Treasury Dept.	Date Issued:	Date Orig. Entry: March 29, 1943
	Date of Birth: July 23, 1896	Birth Place: Boise, Idaho	Full Name of Mother: Elsie Catherine Blank	Name of Father: Albert Chas. Biltgen
SUPPORTING RECORD 3.	Type of Document: Affidavit by aunt age 71	By whom issued and signed: Lottie Blank	Date Issued: 3-23-57	Date Orig. Entry:
	Date of Birth: July 23, 1896	Birth Place: Boise, Idaho	Full Name of Mother: Elsie Blank	Name of Father: Albert Francis Biltgen
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
D. E. Benson	ss Nancy Richards	May 8, 1957

FORM BH 56067

JUN 27 1957

869216-044-556

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De57-508

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Della Horn			2. Date Of Birth (month) October (day) 16 (year) 1896
	3. Color or Race: W	4. Sex: F	5. Place of Birth a. County: Washington	b. City or Town of Birth: Indian Valley
FATHER	6. Full Name of Father: James Horn			7. State or Country of Father's Birth: England
MOTHER	8. Full Maiden Name of Mother: Annie ~~Horn~~ Newman			9. State or Country of Mother's Birth: Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Della Christensen		11. Present Address of Registrant: Ontario Ore. Rt
NOTARY (Seal)	Subscribed and sworn to before me on Feb 11th 1957	12. Signature of Notary: [signature]		13. Notary Commission expires: Nov. 1 — 1958

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by mother	By whom issued and signed: Annie Horn		Date Issued: 2-11-57	Date Orig. Entry:
	Date of Birth: Oct. 16, 1896	Birth Place: Indian Valley, Ida.	Full Name of Mother: Anna Newman	Name of Father: James Horn	
SUPPORTING RECORD 2.	Type of Document: Bible Record	By whom issued and signed: original viewed by James E. Gibbon, Notary Public on 4-29-57		Date Issued	Date Orig. Entry
	Date of Birth: Oct. 16, 1896	Birth Place: ---	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: Driver's License	By whom issued and signed: Oregon #154387		Date Issued: 10-17-50	Date Orig. Entry
	Date of Birth: Oct. 16, 1896	Birth Place: ---	Full Name of Mother: ---	Name of Father: ---	
QUALIFYING INFORMATION					
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.				
	State Registrar: D. W. Benson	Evidence reviewed by: nr Nancy Richards		Date Filed: May 15, 1957	

FORM BH 56067

DECLARED CERTIFICATE OF BIRTH

STATE OF IDAHO

MAY 16 1967

229-204-014-213

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De57-635

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Ruby Aileen Skinner
2. Date of Birth (month) (day) (year): February 4, 1896
3. Color or Race: White
4. Sex: Female
5. Place of Birth a. County: Canyon
b. City or Town of Birth: Caldwell

FATHER

6. Full Name of Father: William Silas Skinner
7. State or Country of Father's Birth: Idaho

MOTHER

8. Full Maiden Name of Mother: Ella Sackett
9. State or Country of Mother's Birth: California

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Ruby A. Skeen
11. Present Address of Registrant: 3021 S.W. 4th A. Ontario, Ore.

NOTARY (Seal)

Subscribed and sworn to before me on: June 17 1957
12. Signature of Notary: Hazel L. Hurlbert.
13. Notary Commission expires: Sept. 28 1960

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Affidavit by Father	William Silar Skinner	March 18, 1957	
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	Feb, 4, 1896 / Caldwell, Idaho	Ella Sackett	William Silas Skinner	
SUPPORTING RECORD 2.	Federal Census Record for 1910	By whom issued and signed: U. S. Dept. of Commerce Bureau of the Census	5-13-57	April 15, 1910
	Age 14 / Idaho	Ella Skinner	William S. Skinner	
SUPPORTING RECORD 3.	Insurance Policy	By whom issued and signed: United Insurance Company Chicago 5, Illinois		Nov. 15, 1951
	Feb, 4, 1896 / Caldwell, Idaho			

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: E. W. Benson
Evidence reviewed by: sc Shirley Cooper
Date Filed: June 18, 1957

FORM BH 56067

DELAYED CERTIFICATE OF BIRTH

STATE OF ILLINOIS

FILE NO. 1957

2. Date of Birth	3. Sex
	F

4. City or Town of Birth

Galesburg

5. Name of Hospital or Institution

6. If not in Hospital or Institution, Give Street Address

7. Color or Race

White

8. Maiden Name of Mother

9. Age of Mother at Time of This Birth

10. Birthplace of Mother

Illinois

11. Maiden Name of Father

12. Age of Father at Time of This Birth

13. Birthplace of Father

Illinois

14. Number of Previous Children Born to This Mother

15. Number of Previous Children Now Living

16. Number of Previous Children Born Dead

17. Informant

18. Address of Informant

19. Date Received by Local Registrar

20. Signature of Local Registrar

21. Address of Local Registrar

22. Date Delayed Certificate Filed

23. Signature of Deputy

24. Remarks

I HEREBY CERTIFY that the above is a true and correct copy of the record of birth of the person named therein, as shown by the records in my office.

Witness my hand and official seal this 1st day of June, 1957.

Shirley Hooper

County Clerk

764-218-039-693

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

RECEIVED
JAN 7 - 1954
Division of Vital Statistics

State File No. De57-646
Local Reg. No.
Reg. Dist. No.

Edna Oleta Poulson

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: EDNA OLETA POULSON			2. Date Of Birth (month) 2 (day) 18 (year) 1896	
	3. Color or Race: White	4. Sex: F.M.	5. Place of Birth — County: Am. Falls. Power.	City or Town of Birth: Neeley-Near-Am. Falls.	
FATHER	6. Full Name of Father: Edward Hans Poulson.			7. State or Country of Father's Birth: Idaho.	
MOTHER	8. Full Maiden Name of Mother: Sarah Henryetta Wilbur.			9. State or Country of Mother's Birth: Idaho.	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Edna Oleta Poulson		11. Present Address of Registrant: Shoshone, Ida.	
NOTARY (Seal)	Subscribed and sworn to before me on: Jan 5 1954	12. Signature of Notary: [illegible]		13. Notary Commission expires: 6/5 1954	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by mother	By whom issued and signed: Sarah H. Poulson	Date Issued: Jan. 5, 1954	Date Orig. Entry:
Class* B	Date of Birth: Feb. 18, 1896 — Birth Place: near American Falls Idaho	Full Name of Mother: Sarah Henryetta Wilbur	Name of Father:	
SUPPORTING RECORD 2.	Type of Document: Son's Birth Certificate	By whom issued and signed: Idaho #45105	Date Issued: 7-13-45	Date Orig. Entry: Child born 11-8-1916
Class B	Date of Birth: age 20 — Birth Place: Idaho	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 3.	Type of Document: Application for Social Security Account Number	By whom issued and signed: Treasury Dept.	Date Issued:	Date Orig. Entry: Sept. 22, 1943
Class B	Date of Birth: Feb. 18, 1896 — Birth Place: Power Co. Neeley, Idaho	Full Name of Mother: Sarah H. Wilber	Name of Father: Edward H. Poulson	
QUALIFYING INFORMATION				

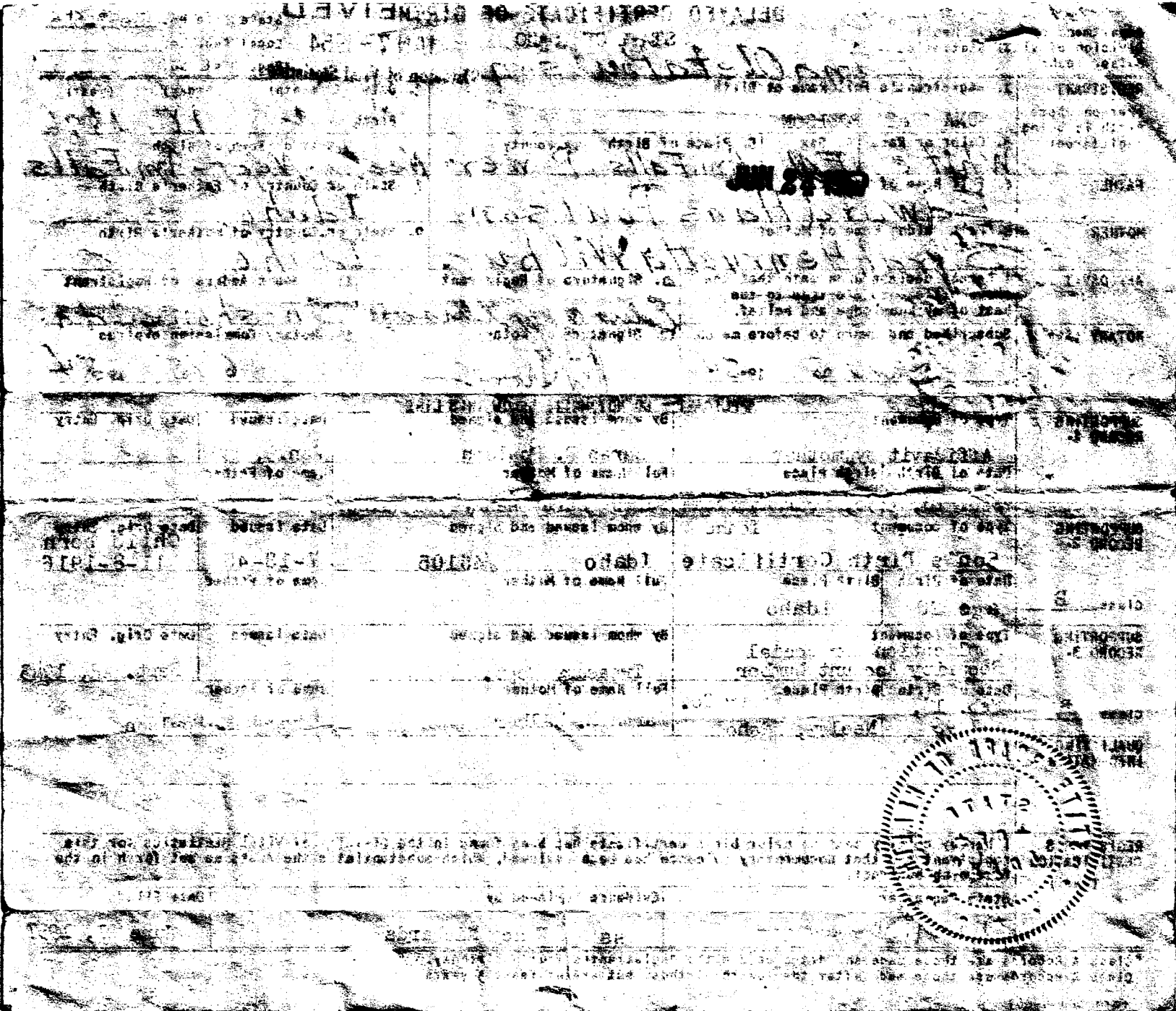
REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
[signature]	ss Nancy Richards	June 21, 1957

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067



356-207-022-217

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De57-667

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Iva Elizabeth Lewis			2. Date Of Birth (month) June (day) 7 (year) 1896	
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Fremont County, Idaho	b. City or Town of Birth: Grant	
FATHER	6. Full Name of Father: Benjamin Hopkins Lewis			7. State or Country of Father's Birth: Brigham City, Utah	
MOTHER	8. Full Maiden Name of Mother: Huldah Bagley			9. State or Country of Mother's Birth: Grantsville, Utah	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Iva Elizabeth Lewis	11. Present Address of Registrant: 1675 Laird Avenue, Salt Lake City, 5, Utah	
NOTARY (Seal)	Subscribed and sworn to before me on: March 16, 1957		12. Signature of Notary (Barrows): Luther G Barrows	13. Notary Commission expires: August 15, 1958	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Church Record		By whom issued and signed: Bingham Stake, Grant Ward LDS Church	Date Issued: 3-20-57	Date Orig. Entry: Aug. 9, 1896
	Date of Birth: June 7, 1896	Birth Place: Fremont Co. Grant, Idaho	Full Name of Mother: Huldah Bagley	Name of Father: Benjamin Hopkins Lewis	
SUPPORTING RECORD 2.	Type of Document: Affidavit by mother		By whom issued and signed: Huldah Bagley Lewis	Date Issued: 3-16-57	Date Orig. Entry:
	Date of Birth: June 7, 1896	Birth Place: Fremont Co. Grant, Idaho	Full Name of Mother: Huldah Bagley Lewis	Name of Father: Benjamin Hopkins Lewis	
SUPPORTING RECORD 3.	Type of Document: School Record		By whom issued and signed: Baker County, Oregon	Date Issued: 4-26-57	Date Orig. Entry: school year 1908 census
	Date of Birth: age 12	Birth Place: ----	Full Name of Mother: Mrs. H. Lewis	Name of Father: B. H. Lewis	
QUALIFYING INFORMATION					
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.				
	State Registrar: [signature]		Evidence reviewed by: Nancy Richards	Date Filed: June 27, 1957	

FORM BH 56067

JUN 28 1957

449-128-016-593

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De57-735

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Edwin Ruthvan Durfee			2. Date Of Birth (month) (day) (year): February 28, 1896
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Cassia	b. City or Town of Birth: Almo, Idaho
FATHER	6. Full Name of Father: Henry M. Durfee			7. State or Country of Father's Birth: Utah
MOTHER	8. Full Maiden Name of Mother: Rosie Florence Nicholas			9. State or Country of Mother's Birth: Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Edwin R. Durfee		11. Present Address of Registrant: Almo, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: July 3, 1957	12. Signature of Notary: Henry W. Tucker		13. Notary Commission expires: June 1, 1958 19

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Church Record	By whom issued and signed: LDS Church Salt Lake City, Utah	Date Issued: 1-8-57	Date Orig. Entry: May 6, 1896
	Date of Birth: Feb. 28, 1896	Birth Place: Almo, Idaho	Full Name of Mother: Rosa Florence Nicholas	Name of Father: Henry Miller Durfee
SUPPORTING RECORD 2.	Type of Document: own child's birth certificate	By whom issued and signed: Idaho #93623	Date Issued:	Date Orig. Entry: child born Aug. 11, 1921
	Date of Birth: age 25	Birth Place: Almo, Idaho	Full Name of Mother: ---	Name of Father: ---
SUPPORTING RECORD 3.	Type of Document: Insurance Policy	By whom issued and signed: Pacific Life Benefit Assoc., Inc.	Date Issued: 2-6-45	Date Orig. Entry: Feb. 1, 1945
	Date of Birth: Feb. 28, 1896	Birth Place: Idaho	Full Name of Mother: ---	Name of Father: ---
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
	nr Nancy Richards	July 16, 1957

FORM BH 56067

JUL 17

533-208-001-433

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De57-750

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Florence Rainier Elliott			2. Date Of Birth (month) 8 (day) 8 (year) 1896	
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Boise IDAHO ADA	b. City or Town of Birth: Boise Idaho	
FATHER	6. Full Name of Father: Oliver Wylie Elliott			7. State or Country of Father's Birth: ZANESVILLE OHIO	
MOTHER	8. Full Maiden Name of Mother: Elizabeth Martha Mc Laughlin			9. State or Country of Mother's Birth: HARRISBURG PA.	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Florence Rainier Elliott	11. Present Address of Registrant: Gage - 1123-W 65th PL	
NOTARY (Seal)	Subscribed and sworn to before me on July 8 1957		12. Signature of Notary: Ana Marie Stadelman	13. Notary Commission expires: My Commission Expires March 3, 1961	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: School Record		By whom issued and signed: Seattle Public Schools Seattle, Washington	Date Issued: 7-5-57	Date Orig. Entry: Sept. 5, 1911
	Date of Birth: Aug. 8, 1896	Birth Place: Boise, Idaho	Full Name of Mother: ---	Name of Father: O. W. Elliott	
SUPPORTING RECORD 2.	Type of Document: Church Record		By whom issued and signed: Epworth Methodist Church Los Angeles, Calif.	Date Issued: 7-15-57	Date Orig. Entry: Aug. 8, 1927
	Date of Birth: Aug. 8, 1896	Birth Place: Boise, Idaho	Full Name of Mother: Elizabeth Martha Elliott	Name of Father: Oliver Wylie Elliott	
SUPPORTING RECORD 3.	Type of Document: born in 1886 Affidavit by cousin		By whom issued and signed: Clara L. Couey	Date Issued: 7-8-57	Date Orig. Entry:
	Date of Birth: Aug. 8, 1896	Birth Place: Boise, Idaho	Full Name of Mother: Elizabeth Martha Elliott	Name of Father: Oliver Wylie Elliott	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Nancy Richards	July 19, 1957

FORM BH 56067 2 copies Paid

JUL 22 1957

693-105-029-249

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De57-772

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Stewart Alvin Wilson			2. Date Of Birth (month) March (day) 5 (year) 1896	
	3. Color or Race: White	4. Sex: M	5. Place of Birth: Idaho a. County: Latah	b. City or Town of Birth: Kendrick	
FATHER	6. Full Name of Father: Alexander Grace Wilson			7. State or Country of Father's Birth: Scotland	
MOTHER	8. Full Maiden Name of Mother: Mary Ellen Burns			9. State or Country of Mother's Birth: California	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Stewart Alvin Wilson		11. Present Address of Registrant: Southwick, Idaho	
NOTARY (Seal)	Subscribed and sworn to before me on: March 16, 1957	12. Signature of Notary: Robert E. Magnuson		13. Notary Commission expires: December 9, 1959	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by neighbor at time of birth	By whom issued and signed: Frank Crocker (86 yrs.old)		Date Issued: 4-5-57	Date Orig. Entry:
	Date of Birth: March 5, 1896	Birth Place: Kendrick, Idaho	Full Name of Mother: Mary Ellen Burns Wilson	Name of Father: Alexander Grace Wilson	
SUPPORTING RECORD 2.	Type of Document: Honorable Discharge Paper	By whom issued and signed: U. S. Army		Date Issued: discharged 5-8-1919	Date Orig. Entry: enlisted Sept. 19, 1917
	Date of Birth: 21 years	Birth Place: Kendrick, Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: Federal Census Record	By whom issued and signed: U. S. Dept. of Commerce Bureau of the Census		Date Issued: 7-20-57	Date Orig. Entry: June 1, 1900
	Date of Birth: March, 1896 (age 4)	Birth Place: Idaho	Full Name of Mother: E. Mary Wilson	Name of Father: Alex G. Wilson	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
D. W. Bynum	nr Nancy Richards	July 30, 1957

FORM BH 56067

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JUL 30 1959

542-22-4-25-17

Department of Public Welfare
Division of Vital Statistics
Boise, Idaho

RECEIVED
NOV 5 - 1956
Division of Vital Statistics

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De57-830
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Name of Person at Birth: Gertrude Mary Nuxoll
2. Date of Birth: September 24 1896
3. Color or Race: White
4. Sex: Female
5. Place of Birth: a. County: Cottonwood Idaho b. City or Town of Birth:

FATHER

6. Full Name of Father: Herman H. Nuxoll
7. State or Country of Father's Birth: ILLINOIS

MOTHER

8. Full Maiden Name of Mother: Christina Waldman
9. State or Country of Mother's Birth: ILLINOIS

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Gertrude M. Knopf
11. Present Address of Registrant: 1617 W. Jackson Spokane Wash

NOTARY (Seal)

Subscribed and sworn to before me on: Nov. 2nd 1956
12. Signature of Notary: A. L. Bergman
13. Notary Commission expires: Nov 14th 1958

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1. Class* B	Child's Birth Certificate	Idaho # 209505	child born Jan. 16, 1933	
	Date of Birth	**Birth Place**	**Full Name of Mother**	**Name of Father**
	age 36	Cottonwood, Ida.	---	---
SUPPORTING RECORD 2. Class B	Affidavit by friend & neighbor at time of birth, age 79	G. F. Simon	11-17-56	
	Sept. 24, 1896	Cottonwood, Idaho	Christine Waldman	Herman Henry Nuxoll
SUPPORTING RECORD 3. Class B	Certificate of Baptism	Church of Mary Help of Christians, R. C. Church, Cottonwood, Ida.	8-8-57	Oct. 4, 1896
	Sept. 24, 1896	Cottonwood, Idaho	Christina Waldman	Herman H. Nuxoll

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

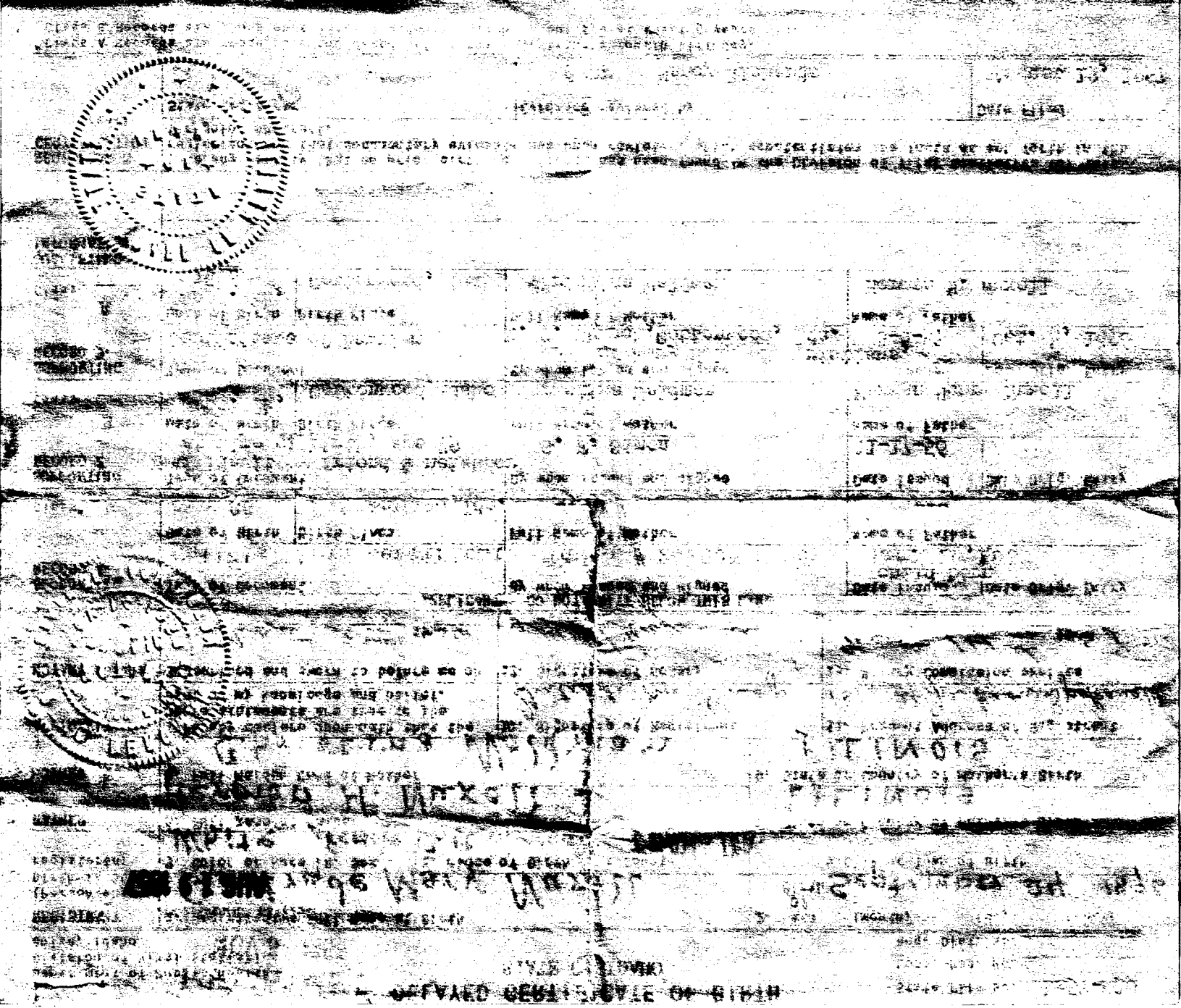
I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	ss nr Nancy Richards	August 19, 1957

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

1 C. P.



358-115-004-469

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De57-859

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: LLOYD ALLAN LEHRBAS			2. Date of Birth (month) OCT. (day) 15 (year) 1896	
	3. Color or Race: WHITE	4. Sex: MALE	5. Place of Birth a. County: MONTPELIER BEAR LAKE IDAHO	b. City or Town of Birth: Montpelier	
FATHER	6. Full Name of Father: LOUIS ALBERT LEHRBAS			7. State or Country of Father's Birth: GERMANY	
MOTHER	8. Full Maiden Name of Mother: LENA MARJORIE MORRIS			9. State or Country of Mother's Birth: CANADA	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Lloyd Lehrbas	11. Present Address of Registrant: B728 3636 16th NW WASHINGTON D.C.	
NOTARY (Seal) Cty of Arlington, Virginia	Subscribed and sworn to before me on: 26th Day of August 1957		12. Signature of Notary: A. F. Spada A. F. Spada	13. Notary Commission expires: 19 August 1960	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: AFFIDAVIT BY FATHER		By whom issued and signed: LOUIS ALBERT LEHRBAS	Date Issued: Aug.2,1957	Date Orig. Entry:
	Date of Birth: Oct.15,1896	Birth Place: Bear Lake Co. Montepelier,Ida.	Full Name of Mother: Lena Marjorie Lehrbas	Name of Father: Louis Albert Lehrbas	
SUPPORTING RECORD 2.	Type of Document: Confirmation Record		By whom issued and signed: Missionary District of Idaho Boise, Idaho re: St. Andrew's Epis. Church, Montpelier	Date Issued: 8-21-57	Date Orig. Entry: May 7, 1912
	Date of Birth: Oct. 15, 1896	Birth Place: ---	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: Lodge Record		By whom issued and signed: Masonic Lodge No. 27 Wichita Falls, Texas	Date Issued:	Date Orig. Entry: Aug. 25, 1918
	Date of Birth: Oct. 15, 1896	Birth Place: Montpelier, Idaho	Full Name of Mother: ---	Name of Father: ---	

QUALIFYING INFORMATION

Newspaper record (letter and photostat), THE NEWS-EXAMINER, Montpelier, Ida.; issued 8-22-57; published Oct. 16, 1896 -- born to Mr. and Mrs. L. Lehrbas previous day.

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
[signature]	Nancy Richards	Aug. 29, 1957

FORM BH 56067

1 Copy Issued

SEP 9 1967
AUG 30
JAN 19 1968

434-216-06-255

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De57-860

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Mary Alice McMurray
2. Date of Birth: (month) June (day) 16 (year) 1896
3. Color or Race: White
4. Sex: Female
5. Place of Birth: a. County: Cassia; b. City or Town of Birth: Oakley, Idaho

FATHER

6. Full Name of Father: Wilford Calvin McMurray
7. State or Country of Father's Birth: Grantsville, Utah

MOTHER

8. Full Maiden Name of Mother: Rozalia Vilate Snedaker
9. State or Country of Mother's Birth: Millcreek, Utah

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Alice M. Bragg
11. Present Address of Registrant:

NOTARY (Seal)

Subscribed and sworn to before me on August 24 1957

12. Signature of Notary: Gilbert W. Johnson / Alice M. Bragg
13. Notary Commission expires: April 19 1960

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	Date of Birth	Birth Place	By whom issued and signed	Full Name of Mother	Date Issued	Date Orig. Entry	Name of Father
SUPPORTING RECORD 1.	Church Record	June 16, 1896	Cassia Co. Oakley, Idaho	Cassia Stake, Oakley Ward LDS Church	Rozalia V. Snedaker	11-2-56	Aug. 6, 1896	W. C. McMurray
SUPPORTING RECORD 2.	Federal Census Record	June 1896	Idaho	U. S. Dept. of Commerce Bureau of the Census	Vilate McMurray	10-30-56	June 1, 1900	Wilford C. McMurray
SUPPORTING RECORD 3.	Affidavit by uncle born Sept. 4, 1878	June 16, 1896	Oakley, Idaho	J. L. Snedaker	Rozalia Vilate Snedaker	2-16-57		Wilford Calvin McMurray

QUALIFYING INFORMATION

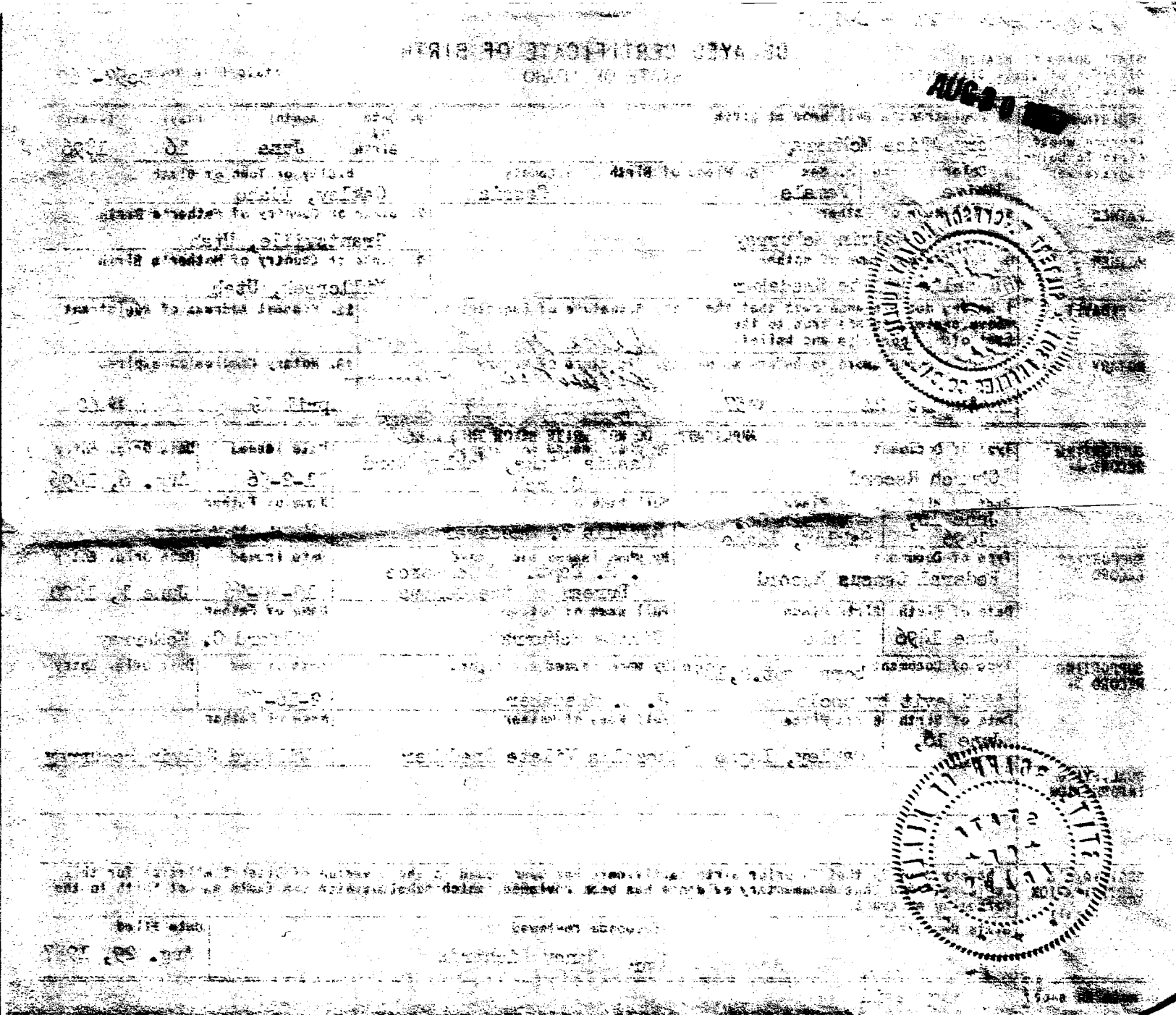
REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: W. W. Johnson
Evidence reviewed by: mr Nancy Richards
Date Filed: Aug. 29, 1957

FORM BH 56067

1 copy paid



866-218-037-791

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De57-873

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Mary Susan Howard		2. Date Of Birth (month) April (day) 18, (year) 1896	
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Owyhee	b. City or Town of Birth: Cottonwood
FATHER	6. Full Name of Father: John G. Howard		7. State or Country of Father's Birth: Texas	
MOTHER	8. Full Maiden Name of Mother: Martha A. Graviet		9. State or Country of Mother's Birth: Texas	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Mary S. Kley	11. Present Address of Registrant: 1431 Gibson Avenue Ogden, Utah	
NOTARY (Seal)	Subscribed and sworn to before me on: May 27 1957	12. Signature of Notary: Hazel L. Hurlbert.	13. Notary Commission expires: Sept. 28 1960	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Church Record	By whom issued and signed: LDS Church, Salt Lake City	Date Issued: 8-12-57	Date Orig. Entry: March 23, 1939
	Date of Birth: April 18, 1896 / Birth Place: Cottonwood, Idaho	Full Name of Mother: Martha Graviet	Name of Father: John Howard	
SUPPORTING RECORD 2.	Type of Document: Affidavit by sister	By whom issued and signed: Hazel Howard Sharp	Date Issued: 5-27-57	Date Orig. Entry:
	Date of Birth: April 18, 1896 / Birth Place: Owyhee Co. Cottonwood, Idaho	Full Name of Mother: Martha A. Graviet	Name of Father: John G. Howard	
SUPPORTING RECORD 3.	Type of Document: own child's birth certificate	By whom issued and signed: Idaho #88743	Date Issued:	Date Orig. Entry: child born Nov. 23, 1920
	Date of Birth: age 24 / Birth Place: Cottonwood, Idaho	Full Name of Mother: ---	Name of Father: ---	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant, and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
[signature]	Nancy Richards	Aug. 29, 1957

FORM BH 56067

Mary Kley

553-223-022-217

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De57-879

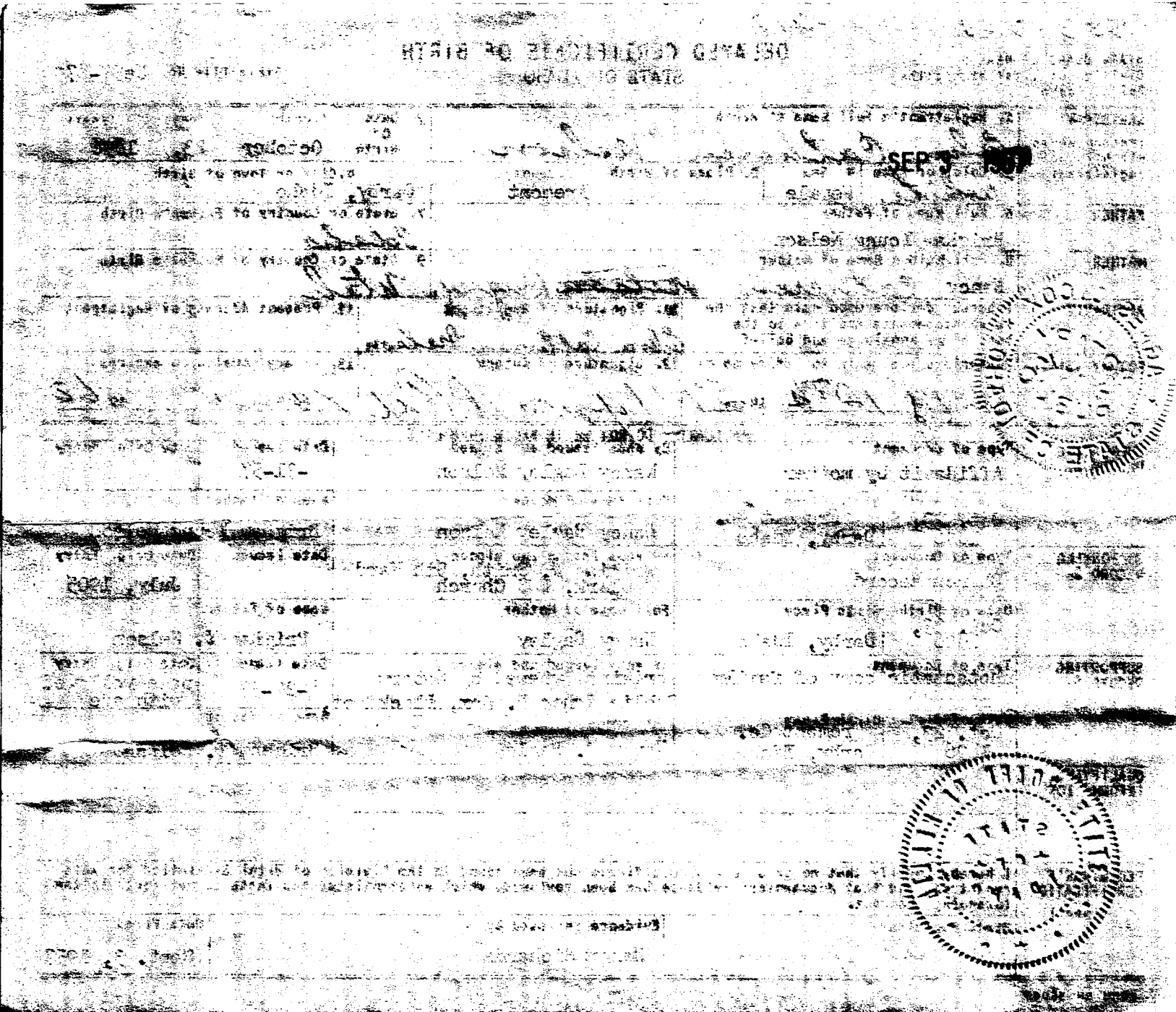
REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Elva Catheren Nelson.			2. Date of Birth (month) October (day) 23, (year) 1896	
	3. Color or Race: white	4. Sex: Female	5. Place of Birth a. County: Fremont	b. City or Town of Birth: Darby, Idaho	
FATHER	6. Full Name of Father: Brigham Young Nelson			7. State or Country of Father's Birth: Idaho	
MOTHER	8. Full Maiden Name of Mother: Nancy Catheren ~~Nelson~~ Bagley.			9. State or Country of Mother's Birth: Utah	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Elva Catheren Nelson		11. Present Address of Registrant	
NOTARY (Seal)	Subscribed and sworn to before me on: Aug 12th 1957	12. Signature of Notary: Agnes D. Cox		13. Notary Commission expires: Jan 1 1960	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by mother	By whom issued and signed: Nancy Bagley Nelson	Date Issued: 7-31-57	Date Orig. Entry:
	Date of Birth: Oct. 23, 1896 / Birth Place: Fremont Co. Darby, Idaho	Full Name of Mother: Nancy Bagley Nelson	Name of Father: Brigham Young Nelson	
SUPPORTING RECORD 2.	Type of Document: Church Record	By whom issued and signed: William W. Smith, 5th Ward Clerk, LDS Church	Date Issued:	Date Orig. Entry: July, 1905
	Date of Birth: Oct. 23, 1896 / Birth Place: Darby, Idaho	Full Name of Mother: Nancy Bagley	Name of Father: Brigham Y. Nelson	
SUPPORTING RECORD 3.	Type of Document: photostatic copy of family record	By whom issued and signed: original viewed by Notary Public Agnes D. Cox, Blackfoot, Idaho	Date Issued: 8-22-57	Date Orig. Entry: page yellowed with age
	Date of Birth: Oct. 23, 1896 / Birth Place: Fremont Co. Darby, Idaho	Full Name of Mother: Nancy C. Bagley	Name of Father: Brigham Y. Nelson	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: [signature]	Evidence reviewed by: Nancy Richards	Date Filed: Sept. 3, 1957

FORM BH 56067 10M 1 Rd



249-114-006-623

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De57-886

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Albert Petrus Burkman			2. Date of Birth (month) April (day) 14 (year) 1896	
	3. Color or Race: White	4. Sex: male	5. Place of Birth a. County: Basalt (Firth) Bingham	b. City or Town of Birth: Basalt now Firth	
FATHER	6. Full Name of Father: Ernest Amandus Björkman			7. State or Country of Father's Birth: Sweden	
MOTHER	8. Full Maiden Name of Mother: Anna Lovisa Östling			9. State or Country of Mother's Birth: Sweden	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Albert Petrus Burkman	11. Present Address of Registrant: 1509 Nogales Street Del Paso Heights, Calif	
NOTARY (Seal)	Subscribed and sworn to before me on: August 20 1957		12. Signature of Notary: F. F. Tobey	13. Notary Commission expires: Nov. 26 1958	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Federal Census Record		By whom issued and signed: U. S. Dept. of Commerce Bureau of the Census	Date Issued: 1-22-57	Date Orig. Entry: June 1, 1900
	Date of Birth: April 1896 (age 4)	Birth Place: Idaho	Full Name of Mother: Anna C. Bjorkman	Name of Father: Ernest Bjorkman	
SUPPORTING RECORD 2.	Type of Document: Honorable Discharge		By whom issued and signed: U. S. Army	Date Issued: discharged 3-14-19	Date Orig. Entry: enlisted July 3, 1916
	Date of Birth: age 20	Birth Place: Basalt, Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: Bible Record (photostats)		By whom issued and signed: original viewed by Notary Public, H. William Furchner, Blackfoot, Ida.	Date Issued: 4-10-57	Date Orig. Entry:
	Date of Birth: April 14, 1896	Birth Place: Firth, Idaho	Full Name of Mother: Anna Lovisa Ostling	Name of Father: Ernest Amandus Bjorkman	
QUALIFYING INFORMATION	W. L. Benson				
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.				
	State Registrar: W. L. Benson		Evidence reviewed by: Nancy Richards		Date Filed: Sept. 4, 1957

FORM BH 56067 1 copy for

[redacted]

513 - 214-001-867

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De57-893

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Lillian Pearl Valentine			2. Date Of Birth (month) (day) (year): November 14 1896
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Ada	b. City or Town of Birth: Boise
FATHER	6. Full Name of Father: Frank Louis Valentine			7. State or Country of Father's Birth: Iowa
MOTHER	8. Full Maiden Name of Mother: Marian Orliva ~~Mxxx Mxxkxx~~ Hogaboom			9. State or Country of Mother's Birth: Nebraska.
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Earl V. Pitzer		11. Present Address of Registrant: 515 East 11th Street North Platte, Nebraska.
NOTARY (Seal) 4-21-63	Subscribed and sworn to before me on: June 26 1957	12. Signature of Notary: [illegible]		13. Notary Commission expires: 4-21 1963

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Insurance Policy	By whom issued and signed: Royal Neighbors of America	Date Issued: 8-11-24	Date Orig. Entry: Dec. 13, 1922
	Date of Birth: Nov. 14, 1896	Birth Place: Boise, Idaho	Full Name of Mother: Marian O. Valentine	Name of Father: ---
SUPPORTING RECORD 2.	Type of Document: own child's birth certificate	By whom issued and signed: certified Nebraska #D 5378 copy	Date Issued: 10-1-55	Date Orig. Entry: child born March 8, 1933
	Date of Birth: age 36	Birth Place: Boise, Idaho	Full Name of Mother: ---	Name of Father: ---
SUPPORTING RECORD 3.	Type of Document: Social Security Record	By whom issued and signed: Treasury Dept.	Date Issued:	Date Orig. Entry: Nov. 28, 1942
	Date of Birth: Nov. 14, 1896	Birth Place: Ada County Boise, Idaho	Full Name of Mother: Marian Orliva Hogaboom	Name of Father: Frank Louis Valentine
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: [signature]	Evidence reviewed by: nr Nancy Richards	Date Filed: Sept. 6, 1957

FORM BH 56067 Copy Issued

SEP 6 1957

557-201-006-491

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De57-915

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Harriett LaRilda England
2. Date of Birth (month) (day) (year): October 1, 1896
3. Color or Race: White
4. Sex: Female
5. Place of Birth — a. County: Bingham
b. City or Town of Birth: Moreland, Idaho

FATHER

6. Full Name of Father: James Henry England
7. State or Country of Father's Birth: Weber Co., Utah

MOTHER

8. Full Maiden Name of Mother: Harriett Elizabeth Draper
9. State or Country of Mother's Birth: Salt Lake Co., Utah

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Harriett LaRilda England
11. Present Address of Registrant: 9825 Stanley Ave Oakland Cal.

NOTARY (Seal)

Subscribed and sworn to before me on: August 28 1957
12. Signature of Notary: Myron E. Temple
13. Notary Commission expires: Feb. 25 1957

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Church Record Certificate of Baptism	L.D.S. Church		Oct. 1, 1904

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Oct. 1, 1896	Moreland, Idaho	Harriet Elizabeth Draper	James H. England

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
own child's birth certificate	Idaho #84035		child born Oct. 4, 1920

Date of Birth	Birth Place	Full Name of Mother	Name of Father
age 24	Idaho	---	---

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Affidavit by father	James Henry England	8-28-57	

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Oct. 1, 1896	Moreland, Idaho	Harriet Elizabeth Draper	James Henry England

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
[signature]	vr / nr Nancy Richards	Sept. 12, 1957

FORM BH 56067 1 copy paid

SEP 13 1967

141-202-036-399

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De57-1033

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Laura Bell Adams
2. Date Of Birth (month) (day) (year): February, 2nd 1896
3. Color or Race: White
4. Sex: Female
5. Place of Birth a. County: Riverdale Oneida
b. City or Town of Birth:

FATHER

6. Full Name of Father: Joshua Adams
7. State or Country of Father's Birth: Pisgay, Iowa

MOTHER

8. Full Maiden Name of Mother: ~~Sarah Adams~~ Criddle
9. State or Country of Mother's Birth: Kaysville Utah.

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Laura Bell Adams Lewis
11. Present Address of Registrant: Rt 2 north Pocatello & Tyhee, Idaho

NOTARY (Seal)

Subscribed and sworn to before me on the 4th day of April 195-

12. Signature of Notary: A. Ora Cox
13. Notary Commission expires: Feb. 1 1961

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Affidavit by sister, age 73	Amanda Adams Clark	9-24-57	

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Feb. 2, 1896	Oneida Co. Riverdale, Idaho	Sarah Criddle	Joshua Adams

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Church Record	Pocatello 7th Ward, No. Pocatello Stake, LDS Church	7-3-57	Sept. 7, 1902

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Feb. 2, 1896	Riverdale, Idaho	Sarah Criddle	Joshua Adams

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
own child's birth certificate	Idaho #~~11~~903		child born Aug. 5, 1916

Date of Birth	Birth Place	Full Name of Mother	Name of Father
age 20	Riverdale, Idaho	---	---

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Barron	Nancy Richards	Oct. 24, 1957

FORM BH 56067

I certify that

OCT 25 1957

962-103-006-363

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De57-1072

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Romeo Robson
2. Date Of Birth (month) (day) (year): September 3, 1896
3. Color or Race: White
4. Sex: Male
5. Place of Birth a. County:
b. City or Town of Birth: Medicine Lodge, Idaho

FATHER

6. Full Name of Father: William F. Robson
7. State or Country of Father's Birth: SHeFField, ENgLAND

MOTHER

8. Full Maiden Name of Mother: Annie Cottel
9. State or Country of Mother's Birth: SHeFField, ENgLAND

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: X Romeo Robson
11. Present Address of Registrant: 4344 So. TAC WAY TACOMA 9, WN ~~RFD 1 Box 3 Yelm Wash~~

NOTARY (Seal)

Subscribed and sworn to before me on: May 29, 1957
12. Signature of Notary: Ernest P. Baydo
13. Notary Commission expires: Jan 18, 1961

APPLICANT—DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document: Affidavit by sister, more than 10 years older
By whom issued and signed: Minnie Fitzgerald
Date Issued: 6-15-57
Date Orig. Entry:
Date of Birth: Sept. 3, 1896
Birth Place: Medicine Lodge, Ida.
Full Name of Mother: Annie Cottel
Name of Father: William F. Robson

SUPPORTING RECORD 2.

Type of Document: Insurance Policy
By whom issued and signed: Continental Life Ins. Co. Toronto, Canada
Date Issued: 2-5-32
Date Orig. Entry: Jan. 28, 1932
Date of Birth: Sept. 3, 1896
Birth Place: Medicine Lodge, Ida.
Full Name of Mother: Annie Robson
Name of Father: ---

SUPPORTING RECORD 3.

Type of Document: Foreign Service Certificate of Identity & Registration
By whom issued and signed: U. S. Vice Consul; Calgary, Alberta, Canada
Date Issued: 10-18-44
Date Orig. Entry: Oct. 18, 1944
Date of Birth: Sept. 3, 1896
Birth Place: Medicine Lodge, Idaho
Full Name of Mother: ---
Name of Father: ---

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: W. W. Barron
Evidence reviewed by: Nancy Richards
Date Filed: Nov. 12, 1957

FORM BH 56067

1 Copy Issued

NOV 12

812-221-040-122

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De57-1117

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Beatrice Idaho Haskins
2. Date of Birth: March 21 1896
3. Color or Race: White
4. Sex: female
5. Place of Birth: a. County: Idaho Shoshone; b. City or Town of Birth: Wallace

FATHER

6. Full Name of Father: William A. Haskins
7. State or Country of Father's Birth: California

MOTHER

8. Full Maiden Name of Mother: Mary Alice Askin
9. State or Country of Mother's Birth: Canada

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Mrs. Beatrice H. Buchholz
11. Present Address of Registrant: P.O. Box 84 El Nido Calif

NOTARY (Seal)

Subscribed and sworn to before me on: April 17 1957
12. Signature of Notary: Mayme S. Gonsalves
13. Notary Commission expires: April 15 1961

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Marriage License	California, Alameda County	4-17-57	Feb. 14, 1931
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	age 34 / Idaho	---	---	
SUPPORTING RECORD 2.	Type of Document: own child's birth certificate	By whom issued and signed: California #226 certified copy	Date Issued: 3-11-57	Date Orig. Entry: child born July 27, 1917
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	age 21 / Idaho	---	---	
SUPPORTING RECORD 3.	Type of Document: (born 12-4-1883) Affidavit by cousin	By whom issued and signed: Edna Scoley Bockus	Date Issued: 5-9-57	Date Orig. Entry
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	March 21, 1896 / Shoshone Co. Wallace, Idaho	Mary Alice Askin	William S. Haskins	

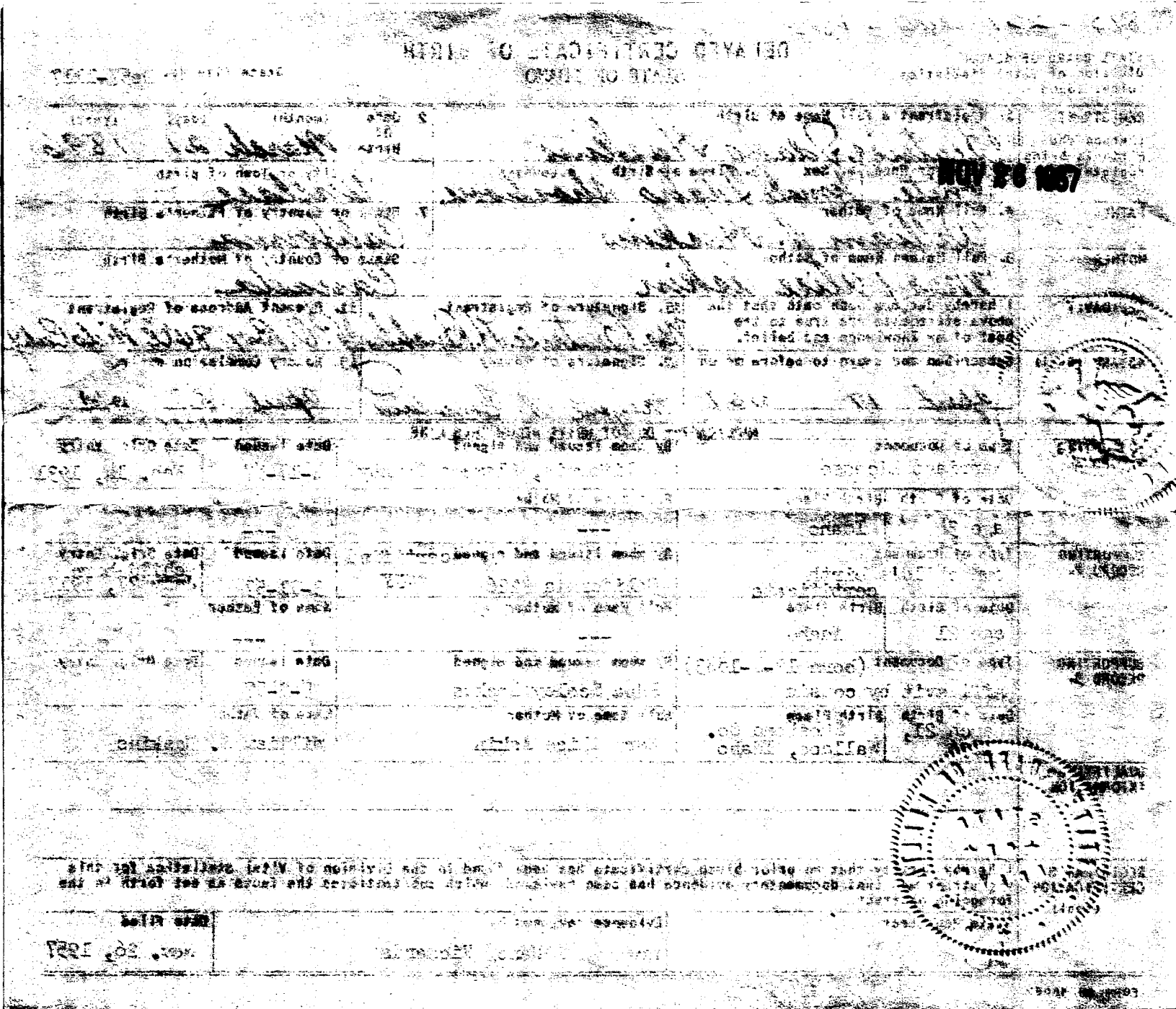
QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. H. Bergquist	nr Nancy Richards	Nov. 26, 1957

FORM BH 56067



856-103-003-515

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De57-1197

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Lorenzo George Hewlett
2. Date Of Birth: (month) May (day) 3d (year) 1896
3. Color or Race: White
4. Sex: Male
5. Place of Birth: a. County Bannock; Residence, 218 S. Garfield Ave; b. City or Town of Birth: Pocatello, Idaho

FATHER

6. Full Name of Father: Albert John Hewlett
7. State or Country of Father's Birth: Bristol, England

MOTHER

8. Full Maiden Name of Mother: Annie E. Naef (didnt have middle name only innitial)
9. State or Country of Mother's Birth: Utah.

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Lorenzo George Hewlett
11. Present Address of Registrant: Box 849, Pocatello, Idaho

NOTARY (Seal)

Subscribed and sworn to before me on: November 24 1957
12. Signature of Notary: T. H. Lyon
13. Notary Commission expires: January 19, 1961

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Affidavit by Aunt, present at birth (born 4-5-1881)	Elsie Naef Kendrick	11-22-57	

Date of Birth	Birth Place	Full Name of Mother	Name of Father
May 3, 1896	Bannock Co. Pocatello, Idaho	Annie E. Naef Hewlett	Albert John Hewlett

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Church Record--Baptism	Pocatello Third Ward, Pocatello Stake, Idaho	j-26-25	May 28, 1904

Date of Birth	Birth Place	Full Name of Mother	Name of Father
May 3, 1896	Bannock Co. Pocatello, Idaho	Annie E. Naef	Albert J. Hewlett

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Social Security Record	Treasury Dept.		Jan. 12, 1938

Date of Birth	Birth Place	Full Name of Mother	Name of Father
May 3, 1896	Pocatello, Idaho	Annie Naef	Albert John Hewlett

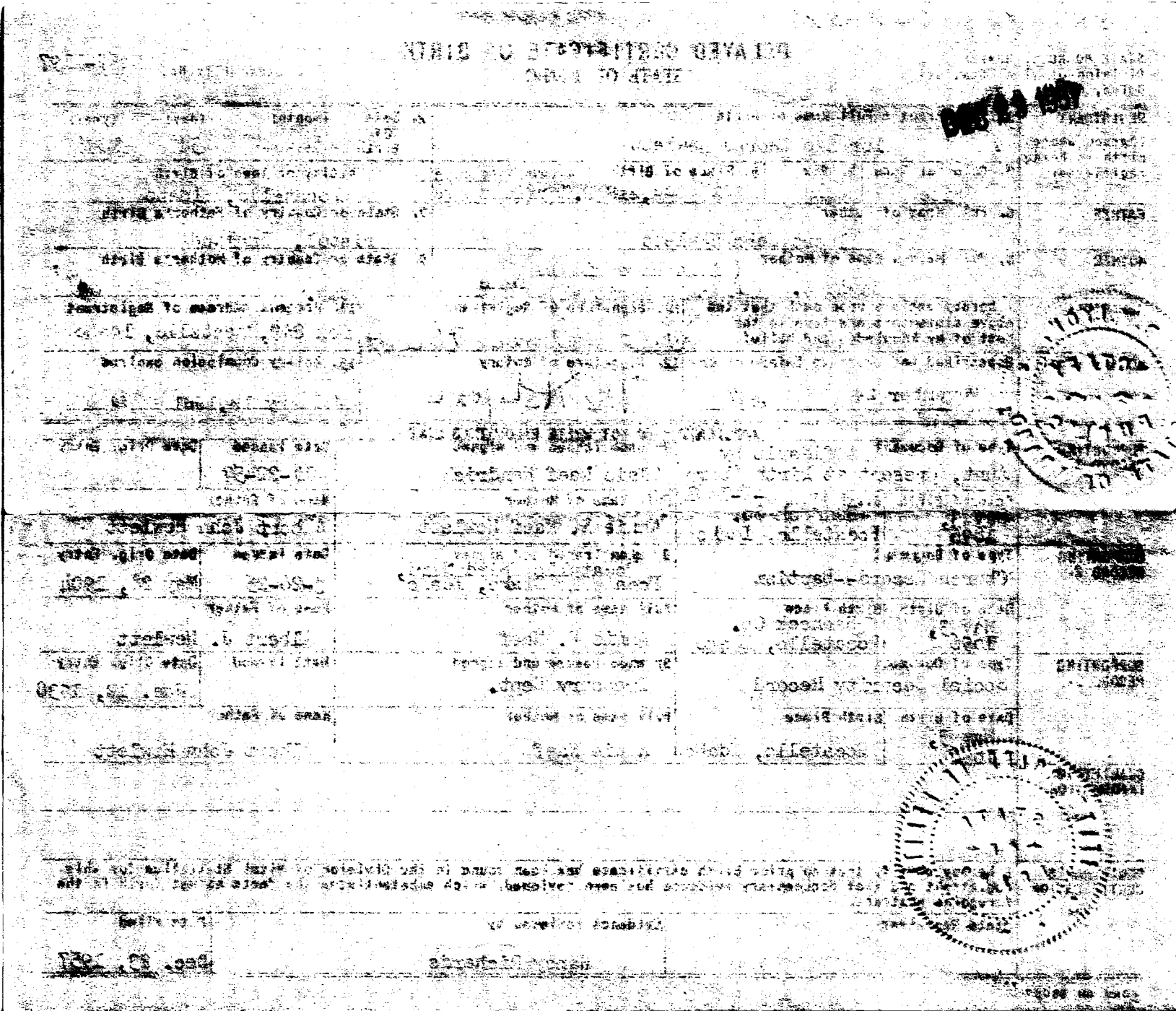
QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
	Nancy Richards	Dec. 23, 1957

FORM BH 56067



614-221-024-577

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De57-1199
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: May Teresa Waddell		2. Date of Birth (month) May (day) 21 (year) 1896	
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Gooding, Gooding	b. City or Town of Birth: Gooding
FATHER	6. Full Name of Father: Alex Waddell		7. State or Country of Father's Birth: Scotland	
MOTHER	8. Full Maiden Name of Mother: Helen Teresa Epps		9. State or Country of Mother's Birth: Idaho, U.S.A.	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: May T. Hopper	11. Present Address of Registrant: Shoshone, Idaho	
NOTARY (Seal)	Subscribed and sworn to before me on: Dec. 6 19 57	12. Signature of Notary: R.W. Grove	13. Notary Commission expires: 6/5 19 58	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by person present at birth, age 80	By whom issued and signed: Mary A. Wernicke	Date Issued: 12-10-57	Date Orig. Entry:
Class* B	Date of Birth: May 21, 1896	Birth Place: Gooding, Idaho	Full Name of Mother: Helen Teresa Epps	Name of Father: Alex Waddell
SUPPORTING RECORD 2.	Type of Document: Social Security Record	By whom issued and signed: Treasury Dept.	Date Issued:	Date Orig. Entry: June 5, 1943
Class B	Date of Birth: May 21, 1896	Birth Place: Gooding Co. Gooding, Idaho	Full Name of Mother: Helen Teresa Epps	Name of Father: Alex Waddell
SUPPORTING RECORD 3.	Type of Document: Insurance Policy	By whom issued and signed: American Home Benefit Assoc., Inc.	Date Issued:	Date Orig. Entry: June 24, 1940
Class B	Date of Birth: May 21, 1896	Birth Place: ---	Full Name of Mother: ---	Name of Father: ---
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
D.W. Benson	Nancy Richards	Dec. 23, 1957

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

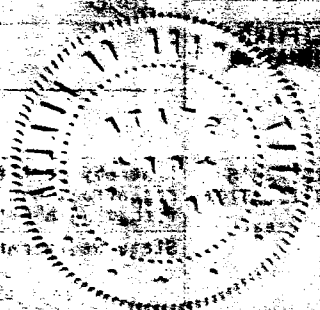
Form DPH 49067

1 copy paid

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

DEC 23



118-228-022-993

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De57-1208

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Minnie Ricks Jaques			2. Date Of Birth (month) June (day) 28, (year) 1896
	3. Color or Race: white	4. Sex: female	5. Place of Birth a. County: Salem, Fremont County, Idaho	b. City or Town of Birth: Salem, (now Rexburg, RFD 2)
FATHER	6. Full Name of Father: Alpha Loader Jaques			7. State or Country of Father's Birth: Nebraska
MOTHER	8. Full Maiden Name of Mother: Amy Eliza Ricks			9. State or Country of Mother's Birth: Farmington, Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Minnie Ricks Jaques Maness		11. Present Address of Registrant: Sugar City, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: December 11, 1957	12. Signature of Notary: Henry Dietrich		13. Notary Commission expires: April 16 1960

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by brother, 20 yrs. older		By whom issued and signed: Alpha R. Jaques	Date Issued: 12-11-57	Date Orig. Entry:
	Date of Birth: June 28, 1896	Birth Place: Salem, Idaho	Full Name of Mother: Amy Eliza Ricks	Name of Father: Alpha Loader Jaques	
SUPPORTING RECORD 2.	Type of Document: Church Record--Baptism		By whom issued and signed: Sugar Ward, North Rexburg Stake, LDS Church	Date Issued: 12-1-57	Date Orig. Entry: June 3, 1905
	Date of Birth: June 28, 1896	Birth Place: Fremont Co. Salem, Idaho	Full Name of Mother: Amy E. Ricks	Name of Father: Alpha L. Jaques	
SUPPORTING RECORD 3.	Type of Document: Insurance Policy		By whom issued and signed: Beneficial Life Ins. Co.	Date Issued: 5-7-26	Date Orig. Entry: Apr. 24, 1926
	Date of Birth: June 28, 1896	Birth Place: Salem, Idaho	Full Name of Mother: ---	Name of Father: Alpha L. Jaques	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Barson	Nancy Richards	Dec. 26, 1957

FORM BH 56067

1 copy paid

DELAYED CERTIFICATE OF BIRTH

(1969)

DEC 24 1969

165-226-036-561

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De58-64

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Catherine Jones			2. Date Of Birth (month) (day) (year): March 26, 1896	
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Oneida	b. City or Town of Birth: Malad City	
FATHER	6. Full Name of Father: David Evans Jones			7. State or Country of Father's Birth: Malad, Idaho	
MOTHER	8. Full Maiden Name of Mother: Catherine Evans			9. State or Country of Mother's Birth: Malad, Idaho	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Catherine Jones Morgan		11. Present Address of Registrant: 440 E. 3rd So. Apt. 11	
NOTARY (Seal)	Subscribed and sworn to before me on: Jan. 22, 1958	12. Signature of Notary: Edward E. Benson		13. Notary Commission expires: COMMISSION EXPIRES JULY 19 1961	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Photostat copies of Family Record	By whom issued and signed: Notarized by Notary Public Frances McKenna		Date Issued: 8-7-1956	Date Orig. Entry:
	Date of Birth: March 26,1896	Birth Place:	Full Name of Mother: Catherine Evans Jones	Name of Father: David E. Jones	
SUPPORTING RECORD 2.	Type of Document: Affidavit by Mother	By whom issued and signed: Catherine Evans Jones		Date Issued: Aug 11,1956	Date Orig. Entry:
	Date of Birth: March 26,1896	Birth Place: Malad City,Idaho	Full Name of Mother: Catherine Evans	Name of Father: David Evans Jones	
SUPPORTING RECORD 3.	Type of Document: Photostatic copy of original Social Security Application	By whom issued and signed: Treasury Department Internal Revenue Service		Date Issued:	Date Orig. Entry: March 15, 1952
	Date of Birth: March 26, 1896	Birth Place: Malad, Oneida Co Idaho	Full Name of Mother: Catherine Evans	Name of Father: David Evans Jones	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. M. Benson	Evidence reviewed by: bf sc Shirley Cooper	Date Filed: Jan. 30, 1958

FORM BH 56067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

[redacted]

Catherine Jones

1. Female

Twin

Single

Caucasian

Catherine Jones

Married

Idaho

Idaho

Teacher

Housewife

Housewife

Catherine Jones

Idaho

Idaho

Idaho

884-212-004-613

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De58-117

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Mabel Hymas			2. Date Of Birth (month) May (day) 12 (year) 1896	
	3. Color or Race: White	4. Sex: Female	5. Place of Birth: Home; a. County: Bear Lake	b. City or Town of Birth: Liberty	
FATHER	6. Full Name of Father: John A. Hymas			7. State or Country of Father's Birth: England	
MOTHER	8. Full Maiden Name of Mother: Mary Jane Watkins			9. State or Country of Mother's Birth: Missouri	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: x Mabel Hymas	11. Present Address of Registrant: Rt. #1, Rigby, Idaho	
NOTARY (Seal)	Subscribed and sworn to before me on 1-25 1958		12. Signature of Notary: Lyle Whiting	13. Notary Commission expires: 6-28 1959	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by brother, age 78	By whom issued and signed: Thomas Nephi Hymas	Date Issued: 12-18-57	Date Orig. Entry:	
	Date of Birth: May 12, 1896	Birth Place: Bear Lake Co. Liberty, Idaho	Full Name of Mother: Mary Jane Watkins	Name of Father: John A. Hymas	
SUPPORTING RECORD 2.	Type of Document: Insurance Policy (Husband's)	By whom issued and signed: Beneficial Life Ins. Co.	Date Issued: 11-15-43	Date Orig. Entry: Nov. 14, 1943	
	Date of Birth: age 47	Birth Place: ---	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: own child's birth certificate	By whom issued and signed: Idaho #179702	Date Issued:	Date Orig. Entry: child born Oct. 21, 1929	
	Date of Birth: age 33	Birth Place: Liberty, Idaho	Full Name of Mother: ---	Name of Father: ---	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: D. W. Bergen	Evidence reviewed by: Nancy Richards	Date Filed: Feb. 14, 1958

FORM BH 56067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

FEB 14 19[illegible]

1. Name of child (First, middle, last)		2. Date of birth (Month) (Day) (Year)	
		[illegible] 12	
3. Sex	4. Number of child in plural birth	5. Time of birth	6. Facility or Town of birth
7. Full name of father			8. State or Country of Father's birth
[illegible] A. Hyde			[illegible]land
9. Full maiden name of mother			10. State or Country of Mother's birth
[illegible]			Tasmania

11. I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

12. Signature of Registrant	13. Present address of Registrant
	[illegible], Idaho
14. Notary Commission expires	15. Signature of Notary
[illegible]	

16. Type of Document: [illegible]

Date filed	By whom filed and signed	Date issued	Date orig. data
12-15-57	[illegible] Hyde		

17. Certified by Doctor, Midwife, [illegible]

Type of Document		Date issued	Date orig. data
Delayed Affidavit (Mother)		[illegible]-15-57	[illegible]. 15, [illegible]
Date of birth	Birth Place	Name of Father	
[illegible]	[illegible]	[illegible]	
Type of Document	By whom filed and signed	Date issued	Date orig. data
[illegible]	[illegible] Idaho Co.,		
Date of birth	Birth Place	Maiden name of mother	Name of Father
[illegible]	[illegible]	[illegible]	[illegible]
Type of Document	By whom issued and signed	Date issued	Date orig. data
[illegible]	[illegible]		
Date of birth	Birth Place	Maiden name of mother	Name of Father
[illegible]	[illegible], Idaho	[illegible]	[illegible]

18. I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been received, which substantiates the facts as set forth in the foregoing affidavit.

Title of Registrar	Evidence received by	Date Filed
[illegible]	Notary Statement	Feb. [illegible], 1958

Form No. 10007

165-26-036-386

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De58-122

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Eliza T. Jones			2. Date Of Birth (month) (day) (year): February 26 1896
	3. Color or Race: White	4. Sex: Female	5. Place of Birth: At Home a. County: Oneida	b. City or Town of Birth: Malad City
FATHER	6. Full Name of Father: Morgan M. Jones			7. State or Country of Father's Birth: Utah
MOTHER	8. Full Maiden Name of Mother: Eliza Julia Thomas			9. State or Country of Mother's Birth: Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Eliza Jones Parkes		11. Present Address of Registrant: Sandusky, Michigan
NOTARY (Seal)	Subscribed and sworn to before me on: 30th January 1958	12. Signature of Notary: Mildred Parkes		13. Notary Commission expires: July 18 1961

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Church Record--Baptism	By whom issued and signed: LDS Church--Reorganized Independence, Mo.	Date Issued:	Date Orig. Entry: Sept. 10, 1905
	Date of Birth: Feb. 26, 1896	Birth Place: Malad, Idaho	Full Name of Mother: ---	Name of Father: ---
SUPPORTING RECORD 2.	Type of Document: Affidavit by relative, age 77 (neighbor at time)	By whom issued and signed: Ella Thomas	Date Issued: 11-30-57	Date Orig. Entry:
	Date of Birth: Feb. 26, 1896	Birth Place: Malad City, Idaho	Full Name of Mother: Eliza Julia Jones	Name of Father: Morgan M. Jones
SUPPORTING RECORD 3.	Type of Document: Marriage Record	By whom issued and signed: Oneida County, Idaho	Date Issued: 12-2-57	Date Orig. Entry: April 24, 1918
	Date of Birth: age 22	Birth Place: ---	Full Name of Mother: ---	Name of Father: ---
QUALIFYING INFORMATION				
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.			
	State Registrar: W. W. Barron	Evidence reviewed by: Nancy Richards		Date Filed: Feb. 17, 1958

FORM BH 56067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

FEB 25

PERSONAL DATA	1. Name of Child (First, Middle, Last)	2. Sex	3. Date of Birth (Month, Day, Year)
	4. Place of Birth (City, County)		5. Mother's Maiden Name
PARENTS	6. Father's Name		7. Birth or Country of Mother's Birth
NOTICE	8. Full Name and Address of Mother		9. State or Country of Father's Birth
AFFIDAVIT	I hereby declare upon oath that the above statement is correct to the best of my knowledge and belief.	11. Signature of Informant	12. Present Address of Informant
NOTARY (Seal)	Subscribed and sworn to before me on (Date)	13. Signature of Notary	14. Notary Commission Expires
ACCEPTANCE BY LOCAL REGISTRAR	Type of Document	Filed in Office of Local Registrar	Date Filed by State Registrar
SUPPORTING RECORD 1.	Date of Document	Place Filed and Custody	Date Issued
SUPPORTING RECORD 2.	Type of Document	Place Filed and Custody	Date Issued
	Date of Birth	Birth Place	Full Name at Birth
			Name of Mother

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this person and that document(s) submitted, which substantiate the facts as set forth in the above affidavit.

Signature of Registrar	Evidence Reviewed by	Date Filed
	Baby Medicine	Feb. 17, 1958

Form No. 1

195-113-004-785

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De58-129
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: William Stanley Arnell
2. Date of Birth (month) (day) (year): December 13 1896
3. Color or Race: White
4. Sex: Male
5. Place of Birth a. County: St. Charles, Bear Lake
b. City or Town of Birth: St. Charles, Idaho

FATHER

6. Full Name of Father: William Henry Arnell
7. State or Country of Father's Birth: Idaho U.S.A.

MOTHER

8. Full Maiden Name of Mother: Amanda Elizabeth Gheen
9. State or Country of Mother's Birth: Idaho U.S.A.

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Wm S. Arnell
11. Present Address of Registrant: Box 499, Logan, Utah

NOTARY (Seal)

Subscribed and sworn to before me on: February 3 1958
12. Signature of Notary: Nolan P. Olsen
13. Notary Commission expires: Nov. 21 1959

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Class* B

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Church Record	Bear Lake Stake, St. Charles Ward, LDS Church	12-6-55	Aug. 20, 1905

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Dec. 13, 1896	Bear Lake Co. St. Charles, Idaho	Armanda E. Gheen	William Arnell

SUPPORTING RECORD 2.

Class B

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Honorable Discharge Papers	U. S. Army	discharged Jan. 28, 1919	enlisted Aug. 11, 1918

Date of Birth	Birth Place	Full Name of Mother	Name of Father
age 21 8/12	St. Charles, Idaho	---	---

SUPPORTING RECORD 3.

Class B

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
own child's birth certificate	Idaho #189396		child born Mar. 20, 1931

Date of Birth	Birth Place	Full Name of Mother	Name of Father
age 34	Idaho	---	---

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. M. Benson	Nancy Richards	Feb. 18, 1958

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DECLARED CERTIFICATE OF BIRTH

STATE OF IDAHO

FEB 19 1958

1. Name of child (type or print) — Full name to be given child if birth certificate is not already filed
   Boy — William Sherley Lance II
2. Sex: Boy
3. Date of birth (month, day, year): December 13, 1955
4. Place of birth: a. County: St. Charles, Bear Lake; b. City or Town of birth: St. Charles, Idaho
5. Color or race: White
6. Full name of father: William Sherley Lance I
7. State or Country of Father's Birth: Idaho U.S.A.
8. Full maiden name of mother: Arnedo Elizabeth Green
9. State or Country of Mother's Birth: Idaho U.S.A.
10. Signature of registrant
11. Present Address of Registrant: Box 199, Soda Springs, Idaho
12. Signature of Notary
13. Notary Commission expires: Nov. 21, 19 59

AFFIDAVIT: I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

Subscribed and sworn to before me on: February 3, 19 58

Name of child: Boy — William Sherley Lance II

Date of birth: December 13, 1955

Birth place: Bear Lake County, Idaho

Full name of father: William Sherley Lance I

Birthplace of father: Idaho

Full maiden name of mother: Arnedo E. Green

Birthplace of mother: Bear Lake County, Idaho

Occupation of father: Farmer

Age at last birthday: 29

Number of children born to this mother, including present birth: 2

Number of children now living: 2

Date received by local registrar: 12-6-55

Date issued: Dec. 20, 1955

Name of child: Girl — Arnedo Elizabeth Lance

Date of birth: December 13, 1955

Birth place: Bear Lake County, Idaho

Full name of father: William Sherley Lance I

Birthplace of father: Idaho

Full maiden name of mother: Arnedo E. Green

Birthplace of mother: Bear Lake County, Idaho

Occupation of father: Farmer

Age at last birthday: 29

Number of children born to this mother, including present birth: 2

Number of children now living: 2

Date received by local registrar: 12-6-55

Date issued: Dec. 20, 1955

Name of child: Boy — Unnamed

Date of birth: December 13, 1955

Birth place: Idaho

Full name of father: ---

Birthplace of father: ---

Full maiden name of mother: ---

Birthplace of mother: ---

Occupation of father: ---

Age at last birthday: age 21

Number of children born to this mother, including present birth: 1

Number of children now living: 1

Date received by local registrar: 12-6-55

Date issued: Dec. 20, 1955

Name of child: Boy — Unnamed

Date of birth: December 13, 1955

Birth place: Idaho

Full name of father: ---

Birthplace of father: ---

Full maiden name of mother: ---

Birthplace of mother: ---

Occupation of father: ---

Age at last birthday: age 21

Number of children born to this mother, including present birth: 1

Number of children now living: 1

Date received by local registrar: 12-6-55

Date issued: Dec. 20, 1955

I hereby certify that a prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing statement.

Signature of registrar

Evidence reviewed by: Nancy Valentine

Date filed: Feb. 19, 1958

165-226-007-282

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De58-132

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Annie ~~Annie~~ Elizabeth Jones			2. Date Of Birth: (month) March (day) 26 (year) 1896
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Blaine	b. City or Town of Birth: Bellevue, Idaho.
FATHER	6. Full Name of Father: James Miller Jones			7. State or Country of Father's Birth: Missouri USA
MOTHER	8. Full Maiden Name of Mother: Ida Rosetta Skyles			9. State or Country of Mother's Birth: Texas USA
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Annie Elizabeth Mills		11. Present Address of Registrant: 3201 So. 2nd Street, Union Gap, Wash.
NOTARY (Seal)	Subscribed and sworn to before me on: February 3, 1958	12. Signature of Notary: Paul E Young		13. Notary Commission expires: September 13, 1960

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by mother	By whom issued and signed: Ida R. Jones	Date Issued: 1-15-58	Date Orig. Entry:
	Date of Birth: March 26, 1896 / Birth Place: Bellevue, Idaho	Full Name of Mother: Ida R. Jones	Name of Father: James M. Jones	
SUPPORTING RECORD 2.	Type of Document: own child's birth certificate	By whom issued and signed: Idaho #252717	Date Issued:	Date Orig. Entry: child born March 9, 1937
	Date of Birth: age 40 / Birth Place: Bellevue, Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: Marriage Record	By whom issued and signed: Blaine County, Idaho	Date Issued: 1-15-58	Date Orig. Entry: Aug. 20, 1913
	Date of Birth: age 17 / Birth Place: ---	Full Name of Mother: ---	Name of Father: J. M. Jones	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W W Benson	Evidence reviewed by: Nancy Richards	Date Filed: Feb. 19, 1958

FORM BH 56067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

[redacted]

2. Date of Birth (Month) (Day) (Year)	
3. Color or Race	4. Place of Birth
5. Sex	6. Usual Residence
7. Name of Father	8. Birthplace of Father
9. Maiden Name of Mother	10. Birthplace of Mother
11. Name and Address of Informant	12. Relationship
13. Signature of Applicant	14. Date
15. Signature of Person Administering Oath	16. Title
17. Date Sworn To	

---

1. Name of Person	2. Date of Birth

954-216-030-285

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De58-153

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Olive Marie Reddington
2. Date Of Birth: (month) November (day) 16 (year) 1896
3. Color or Race: White
4. Sex: Female
5. Place of Birth: a. County: Junction -Lemhi Co. Idaho; b. City or Town of Birth: Junction, Idaho

FATHER

6. Full Name of Father: John Milton Burns Reddington
7. State or Country of Father's Birth: State of Missouri

MOTHER

8. Full Maiden Name of Mother: Cora Ellen Shelley
9. State or Country of Mother's Birth: Junction, State of Idaho

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Olive Marie Reddington Alfred
11. Present Address of Registrant: Salmon, Idaho

NOTARY (Seal)

Subscribed and sworn to before me on: December 16 19 57
12. Signature of Notary: Charles Henderson
13. Notary Commission expires: February 14 19 59

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Affidavit by mother	Cora Reddington	7-6-55	

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Nov. 16, 1896	Lemhi Co. Junction, Idaho	Cora Ellen Shelley Reddington	John Milton Burns Reddington

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
School Record	Salmon, Idaho Lemhi Co. Board of Education	12-18-57	school census of 1910

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Nov. 16, 1896	Junction, Idaho	---	---

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Federal Census Record	U. S. Bureau of the Census	2-6-58	June 1, 1900

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Nov. 1896 (age 3)	Idaho	Cora E. Reddington	John M. Reddington

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Barron	Nancy Richards	Feb. 28, 1958

1 copy issued

FORM BH 56067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

[redacted]

2. Date of birth (month) (day) (year)			

296-102-020-785

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De58-168

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Milton Yale Brooks
2. Date of Birth (month) (day) (year): Sept. 2 1896
3. Color or Race: White
4. Sex: Male
5. Place of Birth a. County: Elmore
b. City or Town of Birth: Mountian Home

FATHER

6. Full Name of Father: Milman William Brooks
7. State or Country of Father's Birth: California

MOTHER

8. Full Maiden Name of Mother: Ellen Estella Phelps
9. State or Country of Mother's Birth: Kansas

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Milton Yale Brooks
11. Present Address of Registrant: 1825 Evergreen, Salem, Ore.

NOTARY (Seal)

Subscribed and sworn to before me on: February 15 1958

12. Signature of Notary: Pearl L. Coe
Notary Public for Oregon

13. Notary Commission expires: January 11 1962

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Federal Census Record	U. S. Bureau of the Census	2-7-58	June 1, 1900
	Date of Birth: Sept. 1896 (age 3) / Birth Place: Idaho	Full Name of Mother: Ellen E. Brooks	Name of Father: Milman Wm. Brooks	
SUPPORTING RECORD 2.	Lodge Record	By whom issued and signed: Pacific Lodge No. 50, A.F.& A.M., Salem, Oregon	Date Issued: 1-18-58	Date Orig. Entry: Dec. 8, 1941
	Date of Birth: Sept. 2, 1896 / Birth Place: Mountain Home, Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Honorable Discharge	By whom issued and signed: U. S. Army	Date Issued: discharged 2-7-1919	Date Orig. Entry: enlisted Aug. 29, 1918
	Date of Birth: enlisted age 21 11/12 / Birth Place: Mountain Home, Idaho	Full Name of Mother: ---	Name of Father: ---	

QUALIFYING INFORMATION

Union Record, International Brotherhood of Electrical Workers, Portland, Oregon, issued 1-23-58; initiated July 18, 1927; birth date Sept. 2, 1896.

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Barnum	Nancy Richards	March 3, 1958

FORM BH 56067

DELAYED CERTIFICATE OF BIRTH

STATE OF [redacted]

1. NAME OF CHILD (First, Middle, Last)		2. SEX	3. DATE OF BIRTH (Month, Day, Year)
[redacted]		Male	July 2, 1890
4. PLACE OF BIRTH (City or Town)		5. COUNTY OF BIRTH	
[redacted]		Multnomah	
6. NAME OF FATHER		7. STATE OR COUNTRY OF FATHER'S BIRTH	
William Williams Brooks		Illinois	
8. MAIDEN NAME OF MOTHER		9. STATE OR COUNTRY OF MOTHER'S BIRTH	
Lilian Estella Bradley		Kansas	

I HEREBY CERTIFY that the above facts are true to the best of my knowledge and belief.

10. Signature of Applicant	11. Present Address of Applicant	
[redacted]	1829 Hyacinth, Salem, Ore.	
12. Signature of Person Who Witnesses Signature of Applicant	13. Notary Commission Expires	
[redacted]	June 11, 1952	

FOR USE OF STATE BOARD OF HEALTH ONLY

14. Evidence Submitted	15. Number of Certificate	16. Date Filed
Affidavit of Parents	2-1890	March 3, 1952

17. Remarks: Information Identified on Doctor's Certificate, Certified Transcript Issued

Subscribed and sworn to before me this 3rd day of March, 1952.

[redacted]

Notary Public for Oregon

My commission expires June 11, 1952

DELAYED CERTIFICATE OF BIRTH

STATE OF [redacted]

1. NAME OF CHILD (First, Middle, Last)		2. SEX	3. DATE OF BIRTH (Month, Day, Year)
[redacted]		Male	July 2, 1890
4. PLACE OF BIRTH (City or Town)		5. COUNTY OF BIRTH	
[redacted]		Multnomah	
6. NAME OF FATHER		7. STATE OR COUNTRY OF FATHER'S BIRTH	
William Williams Brooks		Illinois	
8. MAIDEN NAME OF MOTHER		9. STATE OR COUNTRY OF MOTHER'S BIRTH	
Lilian Estella Bradley		Kansas	

I HEREBY CERTIFY that the above facts are true to the best of my knowledge and belief.

10. Signature of Applicant	11. Present Address of Applicant	
[redacted]	1829 Hyacinth, Salem, Ore.	
12. Signature of Person Who Witnesses Signature of Applicant	13. Notary Commission Expires	
[redacted]	June 11, 1952	

FOR USE OF STATE BOARD OF HEALTH ONLY

14. Evidence Submitted	15. Number of Certificate	16. Date Filed
Affidavit of Parents	2-1890	March 3, 1952

17. Remarks: Information Identified on Doctor's Certificate, Certified Transcript Issued

Subscribed and sworn to before me this 3rd day of March, 1952.

[redacted]

Notary Public for Oregon

My commission expires June 11, 1952

413-226-030-693

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De58-221

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Mildred Hannah Matthews
2. Date of Birth (month) (day) (year): Nov. 26. 1896
3. Color or Race: White
4. Sex: Female
5. Place of Birth: a. County: Lemhi; b. City or Town of Birth: Carmen

FATHER

6. Full Name of Father: Albert John. Matthews
7. State or Country of Father's Birth: do not know

MOTHER

8. Full Maiden Name of Mother: Mary Jane Withington
9. State or Country of Mother's Birth: Idaho. Lemhi

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Mildred Matthews Hinsley
11. Present Address of Registrant: Salmon Idaho

NOTARY (Seal)

Subscribed and sworn to before me on: April 19, 1957
12. Signature of Notary:
13. Notary Commission expires: Sept 20, 1960

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Family Record	viewed by Div. of Vital Statistics on 4-25-57		obviously very old

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Nov. 26, 1896	--	Mary Jane Withington	Albert Mathews

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
own child's birth certificate	Idaho #38087		child born March 9, 1916

Date of Birth	Birth Place	Full Name of Mother	Name of Father
age 19	Carmen, Idaho	---	---

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Federal Census Record	U. S. Bureau of the Census	2-7-58	June 1, 1900

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Nov. 1896 (age 3)	Idaho	Mary Matthew	Albert J. Matthew

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. M. Benson	nr Nancy Richards	March 14, 1958

FORM BH 56067

315-22-9025-253

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De58-227

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Sureta Lance		2. Date of Birth (month) Feb. (day) 29 (year) 1896	
	3. Color or Race: white	4. Sex: female	5. Place of Birth a. County: Whitney, Idaho.	b. City or Town of Birth: Whitney, Idaho.
FATHER	6. Full Name of Father: Seth Lance		7. State or Country of Father's Birth: France	
MOTHER	8. Full Maiden Name of Mother: Ada Mary Beckstead		9. State or Country of Mother's Birth: South Jordan, Ogden, Utah	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Sureta Lance	11. Present Address of Registrant: Bonduront, Wyo.	
NOTARY (Seal)	Subscribed and sworn to before me on: 4 March 1958	12. Signature of Notary: Elva Y. Nielsen	13. Notary Commission expires: _____ 19____	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by uncle, age 79 (neighbor at time)	By whom issued and signed: Adolph J. Hoefler	Date Issued: 3-1-58	Date Orig. Entry:
	Date of Birth: Feb. 29, 1896 / Birth Place: Franklin Co. Whitney, Idaho	Full Name of Mother: Ada Mary Beckstead Lance	Name of Father: Seth Lance	
SUPPORTING RECORD 2.	Type of Document: Marriage Record	By whom issued and signed: Cache County Clerk, Utah	Date Issued: 3-1-58	Date Orig. Entry: Dec. 3, 1913
	Date of Birth: age 17 / Birth Place: ---	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: own child's birth certificate	By whom issued and signed: Idaho #24739	Date Issued:	Date Orig. Entry: child born Sept. 16, 1914
	Date of Birth: age 18 / Birth Place: Whitney, Idaho	Full Name of Mother: ---	Name of Father: ---	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Nancy Richards	March 18, 1958

FORM BH 56067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

MAR 18 1959

CHILD

1. Registrant's Full Name at Birth

2. Date of Birth (Month, Day, Year)

3. Sex

4. Place of Birth (City)

5. Place of Birth (County)

6. State or Country of Birth

PARENTS

7. Full Name of Father

8. Maiden Name of Mother

AFFIDAVIT

I hereby certify that the above facts are true to the best of my knowledge and belief.

9. Signature of Registrant

10. Present Address of Registrant

SUBSCRIBED AND SWORN TO before me on

11. Signature of Notary

12. Notary Commission Expires

13

DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD A

Type of Document (Medical or Other)

Date Issued

Date Rec'd. Bureau

Name as Given

Name at Birth

SUPPORTING RECORD B

Type of Document

Issued by

Date Issued

Date Rec'd. Bureau

Date of Birth as Given

Full Name at Birth

Name at Time

SUPPORTING RECORD C

Type of Document

By whom issued and signed

Date Issued

Date Rec'd. Bureau

Date of Birth as Given

Full Name at Birth

Name at Time

CERTIFICATION

I hereby certify that no prior certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been submitted which substantiates the facts as set forth in the above affidavit.

Signature

Title

Date Issued

Items as Taken

799-29-040-799

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De58-268
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Edna Ellen Grigsby
2. Date of Birth (month) June (day) 19 (year) 1896
3. Color or Race: White
4. Sex: Female
5. Place of Birth: a. County: Shoshone; b. City or Town of Birth: Wallace

FATHER

6. Full Name of Father: Benjamin Grigsby
7. State or Country of Father's Birth: Kentucky, U.S.A.

MOTHER

8. Full Maiden Name of Mother: Amanda Maria Grigsby (also maiden name)
9. State or Country of Mother's Birth: Missouri, U.S.A.

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Edna Ellen Pitcher
11. Present Address of Registrant: Route 1, Box 596, Cottage Grove, Oregon

NOTARY (Seal)

Subscribed and sworn to before me on: September 11, 1957
12. Signature of Notary: Gail Gallagher
13. Notary Commission expires: October 31, 1959

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Class* B

Type of Document (14 yrs. older)	By whom issued and signed	Date Issued	Date Orig. Entry
Affidavit by Sister	Honolulu Iva J. Ishmael-Sister	May 9,1952	

Date of Birth	Birth Place	Full Name of Mother	Name of Father
June 19,1896	Wallace, Idaho	Amanda Maria Grigsby	Benjamin Grigsby

SUPPORTING RECORD 2.

Class B

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Voter's Registration	Lane County, Oregon	9-12-57	Apr. 15, 1950

Date of Birth	Birth Place	Full Name of Mother	Name of Father
June 1896	Wallace, Idaho	Amanda Grigsby	Benjamen Grigsby

SUPPORTING RECORD 3.

Class B

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
own child's birth certificate	Oregon #2915	11-30-40	child born May 28, 1915

Date of Birth	Birth Place	Full Name of Mother	Name of Father
age 18	Idaho	---	---

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Jenson	vr Nancy Richards	March 26, 1958

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

2 copies paid

Form DPH 49867

APR [redacted]

719-27-025-556

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De58-277

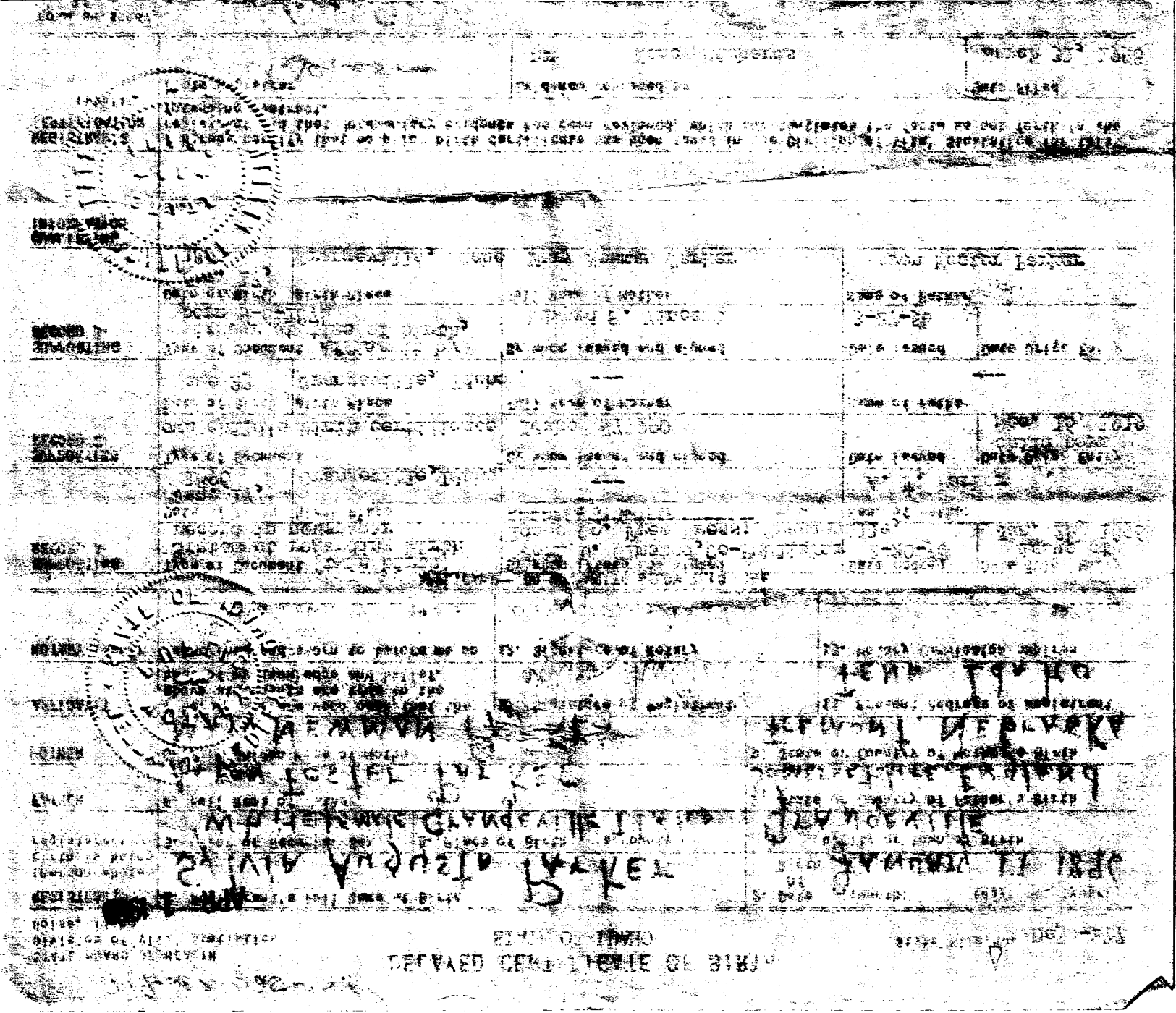
REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Sylvia August Parker		2. Date of Birth (month) (day) (year): January 17 1896
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Grangeville Idaho; b. City or Town of Birth: Grangeville
FATHER	6. Full Name of Father: Aaron Foster Parker		7. State or Country of Father's Birth: Somersetshire, England
MOTHER	8. Full Maiden Name of Mother: Mary Newman		9. State or Country of Mother's Birth: Fremont, Nebraska
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Sylvia Mulhall	11. Present Address of Registrant: Fenn Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: March 14 1958	12. Signature of Notary: Betty J Hadley	13. Notary Commission expires: _____ 19____

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document (twin birth) Statement regarding birth record in newspaper		By whom issued and signed: John L. Olmsted, Co-Publisher Idaho Co. Free Press; Grangeville, Idaho	Date Issued: 2-20-58	Date Orig. Entry: issue of Jan. 24, 1896
	Date of Birth: Jan. 17, 1896	Birth Place: Grangeville, Idaho	Full Name of Mother: ----	Name of Father: A. F. Parker	
SUPPORTING RECORD 2.	Type of Document: own child's birth certificate		By whom issued and signed: Idaho #77990	Date Issued:	Date Orig. Entry: child born Dec. 16, 1919
	Date of Birth: age 23	Birth Place: Grangeville, Idaho	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 3.	Type of Document: Affidavit by neighbor at time of birth, born 5-6-1874		By whom issued and signed: Edward S. Vincent	Date Issued: 3-27-58	Date Orig. Entry:
	Date of Birth: Jan. 17, 1896	Birth Place: Grangeville, Idaho	Full Name of Mother: Mary Newman Parker	Name of Father: Aaron Foster Parker	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W W Jenson	Evidence reviewed by: nr Nancy Richards	Date Filed: March 31, 1958

FORM BH 56067



993-215-003-659

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De58-284

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Orris Alethia Rice			2. Date Of Birth (month) (day) (year): April 15th 1896	
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Idaho Bannock	b. City or Town of Birth: Pocatello	
FATHER	6. Full Name of Father: William Lewis Rice			7. State or Country of Father's Birth: Utah U. S. A.	
MOTHER	8. Full Maiden Name of Mother: Mary Jane Weir			9. State or Country of Mother's Birth: Utah U. S. A.	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Orris Alethia Rice Packard		11. Present Address of Registrant: 454 N. Hayes, Pocatello Idaho.	
NOTARY (Seal)	Subscribed and sworn to before me on: March 18 1958	12. Signature of Notary: F. E. Tydeman.		13. Notary Commission expires: Feb 20 1960	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Church Record	By whom issued and signed: Pocatello Stake, Pocatello 1st Ward, LDS Church		Date Issued: 3-11-58	Date Orig. Entry: May 5, 1912
	Date of Birth: April 15, 1896	Birth Place: Bannock Co, Pocatello, Idaho	Full Name of Mother: Mary Jane Weir	Name of Father: William Rice	
SUPPORTING RECORD 2.	Type of Document: (born 5-30-1885) Affidavit by sister	By whom issued and signed: Pearl Rice Willcox		Date Issued: 3-18-58	Date Orig. Entry:
	Date of Birth: April 15, 1896	Birth Place: Bannock Co, Pocatello, Idaho	Full Name of Mother: Mary Jane Weir Rice	Name of Father: William L. Rice	
SUPPORTING RECORD 3.	Type of Document: School Record	By whom issued and signed: Pocatello High School, Idaho		Date Issued: 3-13-58	Date Orig. Entry: Sept. 1913
	Date of Birth: April 15, 1896	Birth Place: ----	Full Name of Mother: ----	Name of Father: W. L. Rice	
QUALIFYING INFORMATION	Insurance Policy Application, Aetna Life Ins. Co.; dated July 15, 1935: date of birth April 15, 1896; birthplace Pocatello, Idaho. own child's birth certificate, Idaho #101845; child born May 22, 1922: age 26; birthplace Pocatello, Idaho.				
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.				
	State Registrar: W. M. Jensen	Evidence reviewed by: Nancy Richards		Date Filed: April 1, 1958	

FORM BH 56067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

APR 2 1958

312-219-022-691

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De58-292

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Mary Ann Casper		2. Date Of Birth (month) Feb (day) 19 (year) 1896
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Fremont; b. City or Town of Birth: Lewisville
FATHER	6. Full Name of Father: George Ether Casper		7. State or Country of Father's Birth: Utah
MOTHER	8. Full Maiden Name of Mother: ELIZA WRAY		9. State or Country of Mother's Birth: ENGLAND
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Mrs. C. H. Sweeten Mary Ann Casper Sweeten	11. Present Address of Registrant: Malad, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: March 12 1958	12. Signature of Notary: Clerk of the district court Colen H Sweeten Jr.	13. Notary Commission expires: Jan 12 1959

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Church Record--Baptism		By whom issued and signed: LDS Church, Salt Lake City	Date Issued: 2-26-58	Date Orig. Entry: July 1, 1904
	Date of Birth: Feb. 19, 1896	Birth Place: Lewisville, Idaho	Full Name of Mother: Eliza Wray	Name of Father: George E. Casper	
SUPPORTING RECORD 2.	Type of Document: Marriage Record		By whom issued and signed: Salt Lake County, Utah	Date Issued: 3-11-58	Date Orig. Entry: Oct. 7, 1914
	Date of Birth: age 18	Birth Place: ---	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: own child's birth certificate		By whom issued and signed: Idaho #223860	Date Issued:	Date Orig. Entry: child born July 13, 1934
	Date of Birth: age 38	Birth Place: Lewisville, Idaho	Full Name of Mother: ---	Name of Father: ---	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. M. Beeson	Nancy Richards	April 3, 1958

FORM BH 56067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

547-102-006-791

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De58-303

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Alvie Nugent
2. Date of Birth (month) (day) (year): June 2, 1896
3. Color or Race: White
4. Sex: Male
5. Place of Birth a. County: Bingham
b. City or Town of Birth: Thomas

FATHER

6. Full Name of Father: Louis Amy Nugent
7. State or Country of Father's Birth: Utah

MOTHER

8. Full Maiden Name of Mother: Louisa Graham
9. State or Country of Mother's Birth: Missouri

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Alvie Nugent
11. Present Address of Registrant: Sterling, Idaho

NOTARY (Seal)

Subscribed and sworn to before me on: March 22nd 1958
12. Signature of Notary: Elaine Jacobson
13. Notary Commission expires: 1-1 1962

APPLICANT - DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document: Affidavit by person present at birth, Dora Crawford Anderson (born 7-25-1885) (Aunt)
By whom issued and signed
Date Issued: 3-27-58
Date Orig. Entry:

Date of Birth	Birth Place	Full Name of Mother	Name of Father
June 2, 1896	Thomas, Idaho Bingham Co.	Louisa Graham Nugent	Louis Amy Nugent

SUPPORTING RECORD 2.

Type of Document: Honorable Discharge
By whom issued and signed: U. S. Army
Date Issued: discharged 7-5-1919
Date Orig. Entry: inducted Aug. 5, 1918

Date of Birth	Birth Place	Full Name of Mother	Name of Father
enlisted age 22 2/12	Thomas, Idaho	----	----

SUPPORTING RECORD 3.

Type of Document: Insurance Policy
By whom issued and signed: Idaho Mutual Benefit Assoc.
Date Issued: 2-6-45
Date Orig. Entry: Feb. 5, 1945

Date of Birth	Birth Place	Full Name of Mother	Name of Father
June 2, 1896	Thomas, Idaho	----	----

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Barron	Nancy Richards	April 4, 1958

FORM BH 56067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

APR 4 1988

281-202-036-533

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De58-331
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: LuRea Ellsworth Sharp
2. Date of Birth (month) Feb (day) 2 (year) 1896
3. Color or Race: White
4. Sex: F
5. Place of Birth a. County: Oneida Idaho
b. City or Town of Birth: Riverdale

FATHER

6. Full Name of Father: James Irwin Sharp
7. State or Country of Father's Birth: Kaysville Utah

MOTHER

8. Full Maiden Name of Mother: Mellissa Elizabeth Ellsworth
9. State or Country of Mother's Birth: Franklin Idaho

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: LuRea S. Kartchner
11. Present Address of Registrant: 165 Patterson St Ogden Utah

NOTARY (Seal)

Subscribed and sworn to before me on April 2, 1958 19___

12. Signature of Notary: Calvin D. Chandler
13. Notary Commission expires: My Commission Expires Aug. 8, 1961

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Church Record--Baptism	LDS Church Ogden, Weber Co., Utah	3-31-58	July 2, 1904
Class* B	Date of Birth: Feb. 2, 1896 — Birth Place: Oneida Co. Riverdale, Idaho	Full Name of Mother: Mellissa Ellsworth	Name of Father: James Irvin Sharp	
SUPPORTING RECORD 2.	Insurance Application	Mountain States Ins. Co. Ogden, Utah		Oct. 21, 1946
Class B	Date of Birth: Feb. 2, 1896 — Birth Place: Riverdale, Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: (Personnel Action) Employment Record	By whom issued and signed: Civilian Personnel Division War Dept.; Utah Quartermaster Depot, Ogden	Date Issued	Date Orig. Entry: Feb. 4, 1943
Class B	Date of Birth: Feb. 2, 1896 — Birth Place: ---	Full Name of Mother: ---	Name of Father: ---	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Nancy Richards	April 24, 1958

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DELAYED BIRTH

APR 84

FOR OFFICIAL USE

963-219-040-214

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De58-367

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Hazel Irene Roland			2. Date of Birth (month) April (day) 19th (year) 1896
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Pine Creek Shoshone	b. City or Town of Birth: Pine Creek Idaho
FATHER	6. Full Name of Father: Frank Dewitt Roland			7. State or Country of Father's Birth: New York State
MOTHER	8. Full Maiden Name of Mother: Mary Alzina Sampson			9. State or Country of Mother's Birth: Vermont State
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Hazel Irene Morbeck	11. Present Address of Registrant: 823 Foster Ave. Coeur d'Alene, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: April 10, 1958		12. Signature of Notary: Russel J. Morbeck	13. Notary Commission expires: Sept 8 1959

APPLICANT - DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by family friend (age 76)		By whom issued and signed: Mrs. Charles Hunt	Date Issued: 4-8-58	Date Orig. Entry:
	Date of Birth: April 19, 1896	Birth Place: Shoshone Co. Pine Creek, Idaho	Full Name of Mother: Mary Roland	Name of Father: Frank Roland	
SUPPORTING RECORD 2.	Type of Document: Marriage Record		By whom issued and signed: Shoshone County, Idaho	Date Issued: 4-3-58	Date Orig. Entry: April 1, 1920
	Date of Birth: age 23	Birth Place: ---	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: Insurance Policy		By whom issued and signed: Bankers Life Co., Des Moines, Iowa	Date Issued: 10-18-35	Date Orig. Entry: Oct. 18, 1935
	Date of Birth: April 19, 1896	Birth Place: Pine Creek, Idaho	Full Name of Mother: ---	Name of Father: ---	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Nancy Richards	April 29, 1958

FORM BH 56067

DELAYED CERTIFICATE OF BIRTH

STATE of IDAHO

APR 29 1959

1. NAME of child (First, Middle, Last)

2. Sex

3. Place of Birth (County)

4. Date of Birth

5. Name of Parent

6. Maiden Name of Mother

7. Name of Physician or Midwife

8. Date Filed by Registrar

9. I certify personally upon oath that the above statements are true to the best of my knowledge and belief.

10. Subscribed and sworn to before me on

11. Signature of Deponent

12. Signature of Notary

13. Notary Public for Idaho

14. Residence

15. Date Issued

16. Type of Document (Are You)

17. Issued by (Clerk, Deputy)

18. Signature of Person Obtaining Record

19. Type of Document

20. Date Issued

21. Issued by (Clerk, Deputy)

22. Signature of Person Obtaining Record

23. Type of Document

24. Date Issued

25. Issued by (Clerk, Deputy)

26. Signature of Person Obtaining Record

27. Type of Document

28. Date Issued

29. Issued by (Clerk, Deputy)

30. Signature of Person Obtaining Record

Transcription

Type of Document		Date Issued	Date Orig. Entry
Birth Record		4-3-58	April 3, 1958
Date of Birth	Place	Full Name at Birth	Name at Issue
April 3, 1958	Idaho Falls, Idaho	---	---
Type of Document		Date Issued	Date Orig. Entry
Baptismal Record		4-3-58	April 3, 1958
Date of Birth	Place	Full Name at Birth	Name at Issue
---	---	---	---
Type of Document		Date Issued	Date Orig. Entry
Insurance Policy		10-10-55	Oct. 10, 1955
Date of Birth	Place	Full Name of Mother	Name at Issue
April 3, 1958	Idaho Falls, Idaho	---	---

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this person, and that the statements set forth herein are true to the best of my knowledge and belief.

Signature of Registrar

Evidence received by

Date Filed

Nancy McGinnis

April 29, 1959

168-11-028-255

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De58-415

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: CLARENCE JOHNSON
2. Date of Birth (month) (day) (year): DEC. 11 1896
3. Color or Race: WHITE
4. Sex: MALE
5. Place of Birth, a. County: COEUR D'ALENE KOOTENAI
b. City or Town of Birth: COEUR D'ALENE IDAHO

FATHER

6. Full Name of Father: JOHN PETE JOHNSON
7. State or Country of Father's Birth: SWEDEN

MOTHER

8. Full Maiden Name of Mother: SALLY BENSON
9. State or Country of Mother's Birth: SWEDEN

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.
10. Signature of Registrant: Clarence Johnson
11. Present Address of Registrant: COEUR D'ALENE

NOTARY (Seal)

Subscribed and sworn to before me on: April 26 19 58
12. Signature of Notary: Margaret Kelly
13. Notary Commission expires: January 1 1961

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date issued	Date Orig. Entry
Affidavit by aunt, age 85	Emma Klason	4-25-58	

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Dec. 11, 1896	Coeur d'Alene, Idaho	Sally Benson	John Pete Johnson

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date issued	Date Orig. Entry
Honorable Discharge	U. S. Army	discharged 2-26-19	enlisted Sept. 3, 1918

Date of Birth	Birth Place	Full Name of Mother	Name of Father
age 21	Coeur d'Alene, Idaho	----	----

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date issued	Date Orig. Entry
own child's birth certificate	Idaho #255140		child born May 19, 1937

Date of Birth	Birth Place	Full Name of Mother	Name of Father
age 40	Idaho	----	----

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
D W Benson	Nancy Richards	May 16, 1958

FORM BH 56067

2 copies ltd

MAY 16 1958

REVISED CERTIFICATE OF BIRTH
STATE OF IDAHO

165-209-036-455

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De58-416

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Verda Doney
2. Date Of Birth (month) (day) (year): September 9 1896
3. Color or Race: White
4. Sex: F
5. Place of Birth a. County: Franklin, Idaho Oneida
b. City or Town of Birth: Franklin

FATHER

6. Full Name of Father: Elias William Doney
7. State or Country of Father's Birth: Idaho

MOTHER

8. Full Maiden Name of Mother: Susanna Matilda Mendenhall
9. State or Country of Mother's Birth: Idaho

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Verda Doney
11. Present Address of Registrant: 138 N 1st East Logan Utah

NOTARY (Seal)

Subscribed and sworn to before me on: Jan 31 1958
12. Signature of Notary: Parley R. Pederson
13. Notary Commission expires: 5/13/61 19

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Marriage Record	Cache County, Utah	1-13-58	Nov. 13, 1917
	Date of Birth: age 21 / Birth Place: ---	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 2.	Type of Document: own child's birth certificate	By whom issued and signed: Idaho #67409	Date Issued:	Date Orig. Entry: child born March 27, 1919
	Date of Birth: age 22 / Birth Place: Franklin, Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: Church Record	By whom issued and signed: Oneida Stake, Franklin Ward LDS Church	Date Issued: 4-22-58	Date Orig. Entry: Nov. 5. 1896
	Date of Birth: Sept. 9, 1896 / Birth Place: Oneida Co. Franklin, Idaho	Full Name of Mother: Susie Mendenhall	Name of Father: Elias W. Doney	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: [signature]
Evidence reviewed by: nr Nancy Richards
Date Filed: May 16, 1958

FORM BH 56067 1 copy mail

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

MAY 16 1956

218-24-026-282

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De58-423

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Alta Pearl Sayer			2. Date Of Birth (month) February (day) 24 (year) 1896
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Rigby (now) Jefferson	b. City or Town of Birth: Rigby
FATHER	6. Full Name of Father: William Owen Sayer			7. State or Country of Father's Birth: Irchester England.
MOTHER	8. Full Maiden Name of Mother: Mary Lucinda Bybee.			9. State or Country of Mother's Birth: Uintah Utah.
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Alta Pearl Sayer Boyce.		11. Present Address of Registrant: Rigby, Idaho.
NOTARY (Seal)	Subscribed and sworn to before me on 24th day of Feb 1958	12. Signature of Notary: George M Lyon		13. Notary Commission expires: Oct 12, 1959

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by sister (10 years senior)	By whom issued and signed: Nora A. Sayer Davenport		Date Issued: 2-21-58	Date Orig. Entry:
	Date of Birth: Feb. 24, 1896	Birth Place: Rigby, Idaho	Full Name of Mother: Mary L. Bybee Sayer	Name of Father: Wm. Owen Sayer	
SUPPORTING RECORD 2.	Type of Document: Church Record	By whom issued and signed: Rigby Third Ward Church of Rigby, Idaho; LDS		Date Issued: 4-8-58	Date Orig. Entry: Sept. 4, 1904
	Date of Birth: Feb. 24, 1896	Birth Place: Rigby, Idaho	Full Name of Mother: Mary (Bybee) Sayer	Name of Father: Owen Sayer	
SUPPORTING RECORD 3.	Type of Document: Insurance Policy	By whom issued and signed: Idaho Mutual Benefit Assoc.		Date Issued: 12-12-42	Date Orig. Entry: Dec. 12, 1942
	Date of Birth: Feb. 24, 1896	Birth Place: Rigby, Idaho	Full Name of Mother: ---	Name of Father: ---	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Barron	Evidence reviewed by: nr Nancy Richards	Date Filed: May 16, 1958

FORM BH 56067

1 Copy

MAY 16 1958

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

795-205-037-693

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De58-444

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Florence Grace Gregory
2. Date of Birth (month) (day) (year): 3 - 5 - 1896
3. Color or Race: White
4. Sex: Female
5. Place of Birth a. County: De Lamar
b. City or Town of Birth: De Lamar, Idaho

FATHER

6. Full Name of Father: Samuel George Gregory
7. State or Country of Father's Birth: England

MOTHER

8. Full Maiden Name of Mother: Grace Wills
9. State or Country of Mother's Birth: England

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Florence D. Hoskins
11. Present Address of Registrant: 1919 Harcourt Ave

NOTARY (Seal)

Subscribed and sworn to before me on April 11th 1958
12. Signature of Notary: John E. Nevins
13. Notary Commission expires 2-9-16
My Commission Expires July 21, 1961

APPLICANT — DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Marriage Record	Silver Bow County, Montana	3-24-58	Aug. 14, 1917
	Date of Birth: age 21 / Birth Place: Delmar, Idaho	Full Name of Mother: Grace Wills Gregory	Name of Father: Samuel Gregory	
SUPPORTING RECORD 2.	Social Security Record	Treasury Dept.		Dec. 4, 1946
	Date of Birth: March 5, 1896 / Birth Place: Gwynee Co. Delamar, Idaho	Full Name of Mother: Grace Wills	Name of Father: Samuel Gregory	
SUPPORTING RECORD 3.	Insurance Policy	Metropolitan Life Ins. Co.	2-11-29	Feb. 11, 1929
	Date of Birth: age next birthday at issue 33 yrs. / Birth Place: —	Full Name of Mother: —	Name of Father: —	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. M. Benson	nr Nancy Richards	May 23, 1958

FORM BH 56067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

MAY 23 1955

Name of child: Samuel Gregory Gregory

Sex: Male

Date of birth: May 3 - 4 - 1955

Place of birth: Twin Falls

County of birth: Twin Falls

Name of father: Samuel Gregory Gregory

Color or race: White

Age at last birthday: 21

Birthplace: Idaho

Name of mother: Bessie Le Lacy

Color or race: White

Age at last birthday: 21

Birthplace: Idaho

Maiden name: Bessie Le Lacy

Number of previous children born to this mother: 0

Number of previous children now living: 0

Number of previous children dead: 0

Informant: Mrs. Bessie Gregory

Address: Twin Falls, Idaho

Relationship: Mother

Date filed: May 23, 1955

Registrar: [illegible]

Date registered: May 23, 1955

Remarks: I hereby certify that no prior birth certificate has been found in the Bureau of Vital Statistics for this child. I further certify that documentary evidence has been returned, as to substantiate the facts as set forth in the foregoing affidavit.

Signature of Registrar: [illegible]

Date Filed: May 23, 1955

753/26-021-231

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

RECEIVED
MAY 29 1958
Bureau of Vital Statistics

State File No. De58-465

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Acy Leonard Pellum			2. Date of Birth (month) (day) (year): February 26 1896
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Franklin	b. City or Town of Birth: Preston, Idaho
FATHER	6. Full Name of Father: John Pellum			7. State or Country of Father's Birth: Gallatin County, Illinois
MOTHER	8. Full Maiden Name of Mother: Frances Ellen Scarbrough			9. State or Country of Mother's Birth: Gallatin County, Illinois
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Acy Leonard Pellum		11. Present Address of Registrant: 1260 E. Maple Pocatello, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: May 26 1958	12. Signature of Notary: Ila C. Baring		13. Notary Commission expires: June 30 1959

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Honorable Discharge Paper	By whom issued and signed: U. S. Army	Date Issued: discharged Oct. 16, 1918	Date Orig. Entry: enlisted Aug. 5, 1918
	Date of Birth: enlisted age 22 years	Birth Place: Preston, Idaho	Full Name of Mother: ---	Name of Father: ---
SUPPORTING RECORD 2.	Type of Document: own child's birth certificate	By whom issued and signed: Idaho #81290	Date Issued:	Date Orig. Entry: child born June 21, 1920
	Date of Birth: age 24	Birth Place: Preston, Idaho	Full Name of Mother: ---	Name of Father: ---
SUPPORTING RECORD 3.	Type of Document: Social Security Record	By whom issued and signed: Treasury Dept.	Date Issued:	Date Orig. Entry: March 9, 1937
	Date of Birth: Feb. 26, 1896	Birth Place: Preston, Idaho	Full Name of Mother: Frances Scarborough	Name of Father: John Pellum
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. M. Barron	nr Nancy Richards	June 3, 1958

FORM BH 56067

CERTIFIED COPY OF CERTIFICATE OF DEATH

STATE OF IDAHO

STATE FILE NUMBER

1. PLACE OF DEATH — County: Bingham; City or Town: Blackfoot; Length of Stay in Idaho: 35 yrs.

2. USUAL RESIDENCE (Where deceased lived) — City or Town: Blackfoot; Inside City Limits?: Yes; Street Address: 12

3. DATE OF DEATH — February 26, 1956

4. SEX — Female

5. COLOR OR RACE — White

6. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED — Widowed

7. DATE OF BIRTH — [illegible], 1871

8. AGE — 84 yrs.

9. BIRTHPLACE — Illinois

10. CITIZEN OF WHAT COUNTRY — U.S.A.

11. USUAL OCCUPATION — Housewife

12. KIND OF BUSINESS OR INDUSTRY — None

13. NAME OF FATHER — [illegible]

14. BIRTHPLACE OF FATHER — Illinois

15. MAIDEN NAME OF MOTHER — [illegible]

16. BIRTHPLACE OF MOTHER — Illinois

17. INFORMANT — Name: Mrs. Ella Hall; Address: Blackfoot, Idaho

18. PLACE OF BURIAL, CREMATION, REMOVAL — Place: Riverside Cemetery; Date: February 29, 1956; Undertaker: Thomas Funeral Home

19. FILED — Date: MAR 2 1956; By: [illegible]

20. CAUSE OF DEATH — Part I: (a) Cerebral Hemorrhage; (b) Arteriosclerosis; (c) [illegible]; Part II: Other significant conditions contributing to death but not related to the terminal disease conditions given in Part I: [illegible]

21. WAS CASE REFERRED TO CORONER? — No

22. WAS AUTOPSY PERFORMED? — No

23. WERE AUTOPSY FINDINGS AVAILABLE? — No

24. DATE SIGNED — February 29, 1956

25. SIGNATURE AND TITLE OF PHYSICIAN — [illegible], M.D.

26. ADDRESS — Blackfoot, Idaho

27. DATE RECEIVED BY LOCAL REGISTRAR — MAR 2 1956

28. REGISTRAR — [illegible]

29. DATE FILED — MAR 2 1956

I HEREBY CERTIFY that the above is a true and correct copy of the certificate of death now on file in my office.

Dated at Blackfoot, Idaho, this MAY 29 1956

[illegible]
Registrar of Vital Statistics

314-205-025-693

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De58-496

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Cressie Lamb			2. Date Of Birth (month) 12 (day) 5 (year) 1896	
	3. Color or Race: W.	4. Sex: F	5. Place of Birth a. County: Cottonwood (Nez) Idaho	b. City or Town of Birth: Cottonwood Idaho.	
FATHER	6. Full Name of Father: Ellsworth David Lamb			7. State or Country of Father's Birth: Illinois - U.S.A.	
MOTHER	8. Full Maiden Name of Mother: Rebecca Elizabeth Williams			9. State or Country of Mother's Birth: Indiana - U.S.A.	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Cressie Lamb	11. Present Address of Registrant: Plummer, Ida	
NOTARY (Seal)	Subscribed and sworn to before me on: May 20 19 58		12. Signature of Notary: James E Mason	13. Notary Commission expires: October 24 1961	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Hospital Record		By whom issued and signed: Sacred Heart Hospital Spokane, Washington	Date Issued: 5-3-58	Date Orig. Entry: May 3, 1944
	Date of Birth: Dec. 5. (age 47)	Birth Place: Cottonwood, Idaho	Full Name of Mother: Bessie Williams	Name of Father: E. D. Lamb	
SUPPORTING RECORD 2.	Type of Document: Application for Membership		By whom issued and signed: American Legion Auxiliary	Date Issued:	Date Orig. Entry: Sept. 20, 1940
	Date of Birth: Dec. 5, 1896	Birth Place: Cottonwood, Idaho	Full Name of Mother: Bessie Lamb	Name of Father: E. D. Lamb	
SUPPORTING RECORD 3.	Type of Document: Affidavit by cousin, age 72 (present at time of birth)		By whom issued and signed: Lucretia Paull Panelatti	Date Issued: 4-24-58	Date Orig. Entry:
	Date of Birth: Dec. 5, 1896	Birth Place: Idaho Co. Cottonwood, Idaho	Full Name of Mother: Rebecca (Bessie) Williams Lamb	Name of Father: Ellsworth D. Lamb	
QUALIFYING INFORMATION	Statement re: Plummer Grange #273 record, 5-12-58: age 39 as of March 26, 1936.				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Brown	Nancy Richards	June 11, 1958

FORM BH 56067

Copy

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

JUN 11 1958

Boise, Idaho

May 20 19 58

October 29, 1921

Ada

Boise

Female

Caucasian

Boise, Idaho

Ada

Boise

Ada

Boise

Boise, Idaho

Ada

Boise

Boise, Idaho

Ada

Boise

Boise, Idaho

261-216-010-319

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De58-502

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: RUTH EDITH ELVERA SWANSON			2. Date Of Birth: (month) January (day) 16 (year) 1896	
	3. Color or Race: white	4. Sex: F	5. Place of Birth: a. County: Idaho Bonneville	b. City or Town of Birth: New Sweden	
FATHER	6. Full Name of Father: SWAN ANDERS SWANSON			7. State or Country of Father's Birth: Sweden	
MOTHER	8. Full Maiden Name of Mother: Johanna Christine Carlson			9. State or Country of Mother's Birth: Sweden	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Ruth E Mayfield		11. Present Address of Registrant: Tahoe City California	
NOTARY (Seal)	Subscribed and sworn to before me on: December 27 1957	12. Signature of Notary: Emma Jane Hayes		13. Notary Commission expires: Nov 25 1961	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Baptismal Certificate	By whom issued and signed: J. E. Johnson, Pastor		Date Issued:	Date Orig. Entry: Feb. 6, 1896
	Date of Birth: Jan. 16, 1896	Birth Place: New Sweden, Idaho	Full Name of Mother: Christina Swanson	Name of Father: S. A. Swanson	
SUPPORTING RECORD 2.	Type of Document: Affidavit by sister, age 83	By whom issued and signed: Minnie E. Nicholson		Date Issued: 12-27-57	Date Orig. Entry:
	Date of Birth: Jan. 16, 1896	Birth Place: Bonneville Co. New Sweden, Idaho	Full Name of Mother (born in Sweden): Johanna Christine Carlson	Name of Father (born in Sweden): Swan Anders Swanson	
SUPPORTING RECORD 3.	Type of Document: Marriage Record	By whom issued and signed: Alameda Co., Calif.		Date Issued:	Date Orig. Entry: July 26, 1919
	Date of Birth: age 23	Birth Place: Idaho	Full Name of Mother: ---	Name of Father: ---	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. M. Benson	Nancy Richards	June 11, 1958

FORM BH 56067

[redacted]

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

1. NAME OF CHILD: RUTH EDITH ELVIRA ANDERSON
2. SEX: Female
3. DATE OF BIRTH: January 12, 1899
4. PLACE OF BIRTH: Idaho, Bonneville
5. NAME OF FATHER: OSCAR ANDREW ANDERSON
6. BIRTHPLACE OF FATHER: Sweden
7. NAME OF MOTHER: Johanna Christina Danielson
8. BIRTHPLACE OF MOTHER: Sweden
9. MAIDEN NAME OF MOTHER: Johanna Christina Danielson
10. RACE: White
11. AGE OF MOTHER AT CHILD'S BIRTH: 35
12. NUMBER OF CHILDREN BORN TO MOTHER: 5
13. NUMBER OF CHILDREN LIVING: 5
14. OCCUPATION OF FATHER: Farming
15. BIRTHPLACE OF INFORMANT: Idaho
16. RESIDENCE OF INFORMANT: Idaho Falls, Idaho
17. DATE FILED: September 27, 1921
18. SIGNATURE OF INFORMANT: Mary Anderson
19. SIGNATURE OF PERSON WHO ASSISTED: J. E. Johnson
20. DATE SIGNED: Sept. 25, 1921
21. SIGNATURE OF REGISTRAR: Clara Swanson
22. DATE RECEIVED: 12-27-21
23. SIGNATURE OF PERSON WHO REPORTED BIRTH: Minnie E. Nicholson
24. NAME AND ADDRESS OF PHYSICIAN OR MIDWIFE: Johanna Christine Danielson
25. NAME AND ADDRESS OF INFORMANT: Mrs. Minnie Swanson, Idaho Falls, Idaho
26. DATE OF BIRTH: January 12, 1899
27. PLACE OF BIRTH: Idaho
28. NAME OF FATHER: Oscar Andrew Anderson
29. BIRTHPLACE OF FATHER: Sweden
30. NAME OF MOTHER: Johanna Christina Danielson
31. BIRTHPLACE OF MOTHER: Sweden
32. MAIDEN NAME OF MOTHER: Johanna Christina Danielson
33. RACE: White
34. AGE OF MOTHER: 35
35. NUMBER OF CHILDREN BORN TO MOTHER: 5
36. NUMBER OF CHILDREN LIVING: 5
37. OCCUPATION OF FATHER: Farming
38. BIRTHPLACE OF INFORMANT: Idaho
39. RESIDENCE OF INFORMANT: Idaho Falls, Idaho
40. DATE FILED: September 27, 1921
41. SIGNATURE OF INFORMANT: Mary Anderson
42. SIGNATURE OF PERSON WHO ASSISTED: J. E. Johnson
43. DATE SIGNED: Sept. 25, 1921
44. SIGNATURE OF REGISTRAR: Clara Swanson
45. DATE RECEIVED: 12-27-21
46. SIGNATURE OF PERSON WHO REPORTED BIRTH: Minnie E. Nicholson
47. NAME AND ADDRESS OF PHYSICIAN OR MIDWIFE: Johanna Christine Danielson
48. NAME AND ADDRESS OF INFORMANT: Mrs. Minnie Swanson, Idaho Falls, Idaho
49. DATE OF BIRTH: January 12, 1899
50. PLACE OF BIRTH: Idaho
51. NAME OF FATHER: Oscar Andrew Anderson
52. BIRTHPLACE OF FATHER: Sweden
53. NAME OF MOTHER: Johanna Christina Danielson
54. BIRTHPLACE OF MOTHER: Sweden
55. MAIDEN NAME OF MOTHER: Johanna Christina Danielson
56. RACE: White
57. AGE OF MOTHER: 35
58. NUMBER OF CHILDREN BORN TO MOTHER: 5
59. NUMBER OF CHILDREN LIVING: 5
60. OCCUPATION OF FATHER: Farming
61. BIRTHPLACE OF INFORMANT: Idaho
62. RESIDENCE OF INFORMANT: Idaho Falls, Idaho
63. DATE FILED: September 27, 1921
64. SIGNATURE OF INFORMANT: Mary Anderson
65. SIGNATURE OF PERSON WHO ASSISTED: J. E. Johnson
66. DATE SIGNED: Sept. 25, 1921
67. SIGNATURE OF REGISTRAR: Clara Swanson
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70. NAME AND ADDRESS OF PHYSICIAN OR MIDWIFE: Johanna Christine Danielson
71. NAME AND ADDRESS OF INFORMANT: Mrs. Minnie Swanson, Idaho Falls, Idaho
72. DATE OF BIRTH: January 12, 1899
73. PLACE OF BIRTH: Idaho
74. NAME OF FATHER: Oscar Andrew Anderson
75. BIRTHPLACE OF FATHER: Sweden
76. NAME OF MOTHER: Johanna Christina Danielson
77. BIRTHPLACE OF MOTHER: Sweden
78. MAIDEN NAME OF MOTHER: Johanna Christina Danielson
79. RACE: White
80. AGE OF MOTHER: 35
81. NUMBER OF CHILDREN BORN TO MOTHER: 5
82. NUMBER OF CHILDREN LIVING: 5
83. OCCUPATION OF FATHER: Farming
84. BIRTHPLACE OF INFORMANT: Idaho
85. RESIDENCE OF INFORMANT: Idaho Falls, Idaho
86. DATE FILED: September 27, 1921
87. SIGNATURE OF INFORMANT: Mary Anderson
88. SIGNATURE OF PERSON WHO ASSISTED: J. E. Johnson
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90. SIGNATURE OF REGISTRAR: Clara Swanson
91. DATE RECEIVED: 12-27-21
92. SIGNATURE OF PERSON WHO REPORTED BIRTH: Minnie E. Nicholson
93. NAME AND ADDRESS OF PHYSICIAN OR MIDWIFE: Johanna Christine Danielson
94. NAME AND ADDRESS OF INFORMANT: Mrs. Minnie Swanson, Idaho Falls, Idaho
95. DATE OF BIRTH: January 12, 1899
96. PLACE OF BIRTH: Idaho
97. NAME OF FATHER: Oscar Andrew Anderson
98. BIRTHPLACE OF FATHER: Sweden
99. NAME OF MOTHER: Johanna Christina Danielson
100. BIRTHPLACE OF MOTHER: Sweden
101. MAIDEN NAME OF MOTHER: Johanna Christina Danielson
102. RACE: White
103. AGE OF MOTHER: 35
104. NUMBER OF CHILDREN BORN TO MOTHER: 5
105. NUMBER OF CHILDREN LIVING: 5
106. OCCUPATION OF FATHER: Farming
107. BIRTHPLACE OF INFORMANT: Idaho
108. RESIDENCE OF INFORMANT: Idaho Falls, Idaho
109. DATE FILED: September 27, 1921
110. SIGNATURE OF INFORMANT: Mary Anderson
111. SIGNATURE OF PERSON WHO ASSISTED: J. E. Johnson
112. DATE SIGNED: Sept. 25, 1921
113. SIGNATURE OF REGISTRAR: Clara Swanson
114. DATE RECEIVED: 12-27-21
115. SIGNATURE OF PERSON WHO REPORTED BIRTH: Minnie E. Nicholson
116. NAME AND ADDRESS OF PHYSICIAN OR MIDWIFE: Johanna Christine Danielson
117. NAME AND ADDRESS OF INFORMANT: Mrs. Minnie Swanson, Idaho Falls, Idaho
118. DATE OF BIRTH: January 12, 1899
119. PLACE OF BIRTH: Idaho
120. NAME OF FATHER: Oscar Andrew Anderson
121. BIRTHPLACE OF FATHER: Sweden
122. NAME OF MOTHER: Johanna Christina Danielson
123. BIRTHPLACE OF MOTHER: Sweden
124. MAIDEN NAME OF MOTHER: Johanna Christina Danielson
125. RACE: White
126. AGE OF MOTHER: 35
127. NUMBER OF CHILDREN BORN TO MOTHER: 5
128. NUMBER OF CHILDREN LIVING: 5
129. OCCUPATION OF FATHER: Farming
130. BIRTHPLACE OF INFORMANT: Idaho
131. RESIDENCE OF INFORMANT: Idaho Falls, Idaho
132. DATE FILED: September 27, 1921
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134. SIGNATURE OF PERSON WHO ASSISTED: J. E. Johnson
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136. SIGNATURE OF REGISTRAR: Clara Swanson
137. DATE RECEIVED: 12-27-21
138. SIGNATURE OF PERSON WHO REPORTED BIRTH: Minnie E. Nicholson
139. NAME AND ADDRESS OF PHYSICIAN OR MIDWIFE: Johanna Christine Danielson
140. NAME AND ADDRESS OF INFORMANT: Mrs. Minnie Swanson, Idaho Falls, Idaho
141. DATE OF BIRTH: January 12, 1899
142. PLACE OF BIRTH: Idaho
143. NAME OF FATHER: Oscar Andrew Anderson
144. BIRTHPLACE OF FATHER: Sweden
145. NAME OF MOTHER: Johanna Christina Danielson
146. BIRTHPLACE OF MOTHER: Sweden
147. MAIDEN NAME OF MOTHER: Johanna Christina Danielson
148. RACE: White
149. AGE OF MOTHER: 35
150. NUMBER OF CHILDREN BORN TO MOTHER: 5
151. NUMBER OF CHILDREN LIVING: 5
152. OCCUPATION OF FATHER: Farming
153. BIRTHPLACE OF INFORMANT: Idaho
154. RESIDENCE OF INFORMANT: Idaho Falls, Idaho
155. DATE FILED: September 27, 1921
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157. SIGNATURE OF PERSON WHO ASSISTED: J. E. Johnson
158. DATE SIGNED: Sept. 25, 1921
159. SIGNATURE OF REGISTRAR: Clara Swanson
160. DATE RECEIVED: 12-27-21
161. SIGNATURE OF PERSON WHO REPORTED BIRTH: Minnie E. Nicholson
162. NAME AND ADDRESS OF PHYSICIAN OR MIDWIFE: Johanna Christine Danielson
163. NAME AND ADDRESS OF INFORMANT: Mrs. Minnie Swanson, Idaho Falls, Idaho
164. DATE OF BIRTH: January 12, 1899
165. PLACE OF BIRTH: Idaho
166. NAME OF FATHER: Oscar Andrew Anderson
167. BIRTHPLACE OF FATHER: Sweden
168. NAME OF MOTHER: Johanna Christina Danielson
169. BIRTHPLACE OF MOTHER: Sweden
170. MAIDEN NAME OF MOTHER: Johanna Christina Danielson
171. RACE: White
172. AGE OF MOTHER: 35
173. NUMBER OF CHILDREN BORN TO MOTHER: 5
174. NUMBER OF CHILDREN LIVING: 5
175. OCCUPATION OF FATHER: Farming
176. BIRTHPLACE OF INFORMANT: Idaho
177. RESIDENCE OF INFORMANT: Idaho Falls, Idaho
178. DATE FILED: September 27, 1921
179. SIGNATURE OF INFORMANT: Mary Anderson
180. SIGNATURE OF PERSON WHO ASSISTED: J. E. Johnson
181. DATE SIGNED: Sept. 25, 1921
182. SIGNATURE OF REGISTRAR: Clara Swanson
183. DATE RECEIVED: 12-27-21
184. SIGNATURE OF PERSON WHO REPORTED BIRTH: Minnie E. Nicholson
185. NAME AND ADDRESS OF PHYSICIAN OR MIDWIFE: Johanna Christine Danielson
186. NAME AND ADDRESS OF INFORMANT: Mrs. Minnie Swanson, Idaho Falls, Idaho
187. DATE OF BIRTH: January 12, 1899
188. PLACE OF BIRTH: Idaho
189. NAME OF FATHER: Oscar Andrew Anderson
190. BIRTHPLACE OF FATHER: Sweden
191. NAME OF MOTHER: Johanna Christina Danielson
192. BIRTHPLACE OF MOTHER: Sweden
193. MAIDEN NAME OF MOTHER: Johanna Christina Danielson
194. RACE: White
195. AGE OF MOTHER: 35
196. NUMBER OF CHILDREN BORN TO MOTHER: 5
197. NUMBER OF CHILDREN LIVING: 5
198. OCCUPATION OF FATHER: Farming
199. BIRTHPLACE OF INFORMANT: Idaho
200. RESIDENCE OF INFORMANT: Idaho Falls, Idaho

354-116-004-239

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De58-506

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Wallace William Teuscher			2. Date Of Birth (month) January (day) 16 (year) 1896
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Bear Lake	b. City or Town of Birth: Montpelier, Idaho
FATHER	6. Full Name of Father: John Gottfried Teuscher			7. State or Country of Father's Birth: Bern, Switzerland.
MOTHER	8. Full Maiden Name of Mother: Rosina ~~Teuscher~~ Straubhaar			9. State or Country of Mother's Birth: Niedustken Kt, Bern Switzerland
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Wallace William Teuscher		11. Present Address of Registrant: 305 Jefferson St Montpelier, Idaho.
NOTARY (Seal) My Commission Expires Oct 10 1958	Subscribed and sworn to before me on 8 May 1st 19 58	12. Signature of Notary: R. Keith Stephens		13. Notary Commission expires Oct 10 19 58

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Church Record--Baptism		By whom issued and signed: LDS Church Geneva Ward	Date Issued: 2-8-09	Date Orig. Entry: Aug. 7, 1904
	Date of Birth: Jan. 16, 1896	Birth Place: Bear Lake Co. Montpelier, Idaho	Full Name of Mother: Rosa Straubhaar	Name of Father: John G. Teuscher	
SUPPORTING RECORD 2.	Type of Document: Affidavit by neighbor at time of birth, age 96		By whom issued and signed: Christian Tueller	Date Issued: 5-24-58	Date Orig. Entry:
	Date of Birth: Jan. 16, 1896	Birth Place: Bear Lake Co. Montpelier, Idaho	Full Name of Mother: Rosina Straughbaar	Name of Father: John Gottfred Teuscher	
SUPPORTING RECORD 3.	Type of Document: own child's birth certificate		By whom issued and signed: Idaho #194362	Date Issued:	Date Orig. Entry: child born Aug. 28, 1925
	Date of Birth: age 29	Birth Place: Montpelier, Idaho	Full Name of Mother: ---	Name of Father: ---	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. M. Benson	Nancy Richards mr	June 13, 1958

FORM BH 56067

1 copy paid

DECLARED CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. [illegible]

CHILD/PRINT	1. Name (First, Middle, Last) Name of Birth		
(Person whose birth is the subject of this report)	[redacted]		
	2. Sex	3. Place of Birth (County)	4. Date of Birth (Month, Day, Year)
	[illegible]	[illegible]	10 1956
PARENTS	5a. Full name of Father	5b. Maiden Name of Mother	
	[illegible]	[illegible]	
	6a. Birthplace of Father (State or Foreign Country)	6b. Birthplace of Mother (State or Foreign Country)	
	[illegible]	[illegible]	
	7a. Age of Father at last birthday	7b. Age of Mother at last birthday	
	[illegible]	[illegible]	
	8. Usual Occupation of Father (Kind of work done during most of working life, even if retired)	9. Kind of Business or Industry	
	[illegible]	[illegible]	
	10. Number of children of this mother now living, including this birth	11. Number of other children born alive but now dead	
	[illegible]	[illegible]	
	12. Was this birth legitimate?	13. Was this birth certified by attendant?	
	[illegible]	[illegible]	
	14. Informant's Mailing Address (Street address, city, state)		
	[illegible]		
CERTIFICATION	I hereby certify that I attended the birth of this child who was born alive at the time and on the date stated above.		
	15. Signature and Title	16. Date Signed (Month, Day, Year)	
	[illegible]	[illegible]	
	17a. Name and Address of Person in charge of Disposition	17b. Date of Disposition (Month, Day, Year)	
	[illegible]	[illegible]	
	18. Name of Operator	19. Name of Funeral Home	
	[illegible]	[illegible]	
	20. Name of Registrar	21. Date Received by Registrar (Month, Day, Year)	
	[illegible]	[illegible]	

REGISTRAR'S NUMBER	Type or Print Name and Address of Informant	Relationship
	[illegible]	[illegible]

Name of Attendant	Date Certified	Date Filed
[illegible]	[illegible]	[illegible]

Name of Operator	Name of Funeral Home	Date Issued
[illegible]	[illegible]	[illegible]

Name of Registrar	Date Received by Registrar	Date Filed
[illegible]	[illegible]	[illegible]

415-125-0036-469

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De58-543

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Walter Morse Davis			2. Date of Birth (month) (day) (year): August 25, 1896
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Oneida	b. City or Town of Birth: Pleasantview
FATHER	6. Full Name of Father: Thomas S. Davis			7. State or Country of Father's Birth: Idaho
MOTHER	8. Full Maiden Name of Mother: Ann Morse			9. State or Country of Mother's Birth: Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Walter M Davis		11. Present Address of Registrant: RFD#1, Malad, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: March 11 19 58	12. Signature of Notary: E Scott		13. Notary Commission expires: May 19 19 59

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Blessing & Church Record--Baptism	By whom issued and signed: LDS Church, Salt Lake City, U.	Date Issued: 2-26-58	Date Orig. Entry: Dec. 6, 1896
	Date of Birth: Aug. 25, 1896 / Birth Place: Oneida Co. Pleasant View, Idaho	Full Name of Mother: Ann Morse	Name of Father: Thomas S. Davis	
SUPPORTING RECORD 2.	Type of Document: own child's birth certificate	By whom issued and signed: Idaho #131958	Date Issued:	Date Orig. Entry: child born May 10, 1925
	Date of Birth: age 28 / Birth Place: Pleasant View, Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: Insurance Policy	By whom issued and signed: Beneficial Life Ins. Co. Salt Lake City, Utah	Date Issued: 8-10-14	Date Orig. Entry: Aug. 10, 1914
	Date of Birth: Aug. 25, 1896 / Birth Place: Oneida Co. Pleasant View, Ida.	Full Name of Mother: Ann Davis	Name of Father: ---	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Barron	nr Nancy Richards	June 23, 1958

FORM BH 56067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

JUN 24

1. Name of child	2. Sex
3. Date of birth (month, day, year)	4. Place of birth (county)
5. Name of hospital (if not in hospital, give street address or location)	6. City or town of birth
7. Name of father	8. State or country of father's birth
9. Name of mother	10. State or country of mother's birth
11. Name and address of informant	12. Relationship to child
13. Name and address of person who attended birth	14. Date certified

I hereby certify that the above is a true and correct copy of the record of birth on file in my office.

Witness my hand and official seal this 24th day of June, 1959.

Director of Vital Statistics

Deputy

Fee $1.00

Issued to

Date issued

Receipt No.

255-217-025-995

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De58-579

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Hazel C. Kennedy			2. Date Of Birth (month) April, (day) 17, (year) 1896
	3. Color or Race: white	4. Sex: female	5. Place of Birth a. County: Grangeville, Idaho County	b. City or Town of Birth: Grangeville, Idaho
FATHER	6. Full Name of Father: Charles R. Kennedy			7. State or Country of Father's Birth: Washington
MOTHER	8. Full Maiden Name of Mother: Emma C. Rinehart			9. State or Country of Mother's Birth: Penn.
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Hazel C O'Rourke	11. Present Address of Registrant: Nezperce, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: April, 30, 1958		12. Signature of Notary: S C Kennell	13. Notary Commission expires: May, 24, 1959

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by neighbor at time of birth, age 85	By whom issued and signed: Araminta Schmadeka	Date Issued: 5-1-58	Date Orig. Entry:
	Date of Birth: April 17, 1896 / Birth Place: near Grangeville, Idaho Idaho Co.	Full Name of Mother: Emma C. Kennedy	Name of Father: Charles R. Kennedy	
SUPPORTING RECORD 2.	Type of Document: own child's birth certificate	By whom issued and signed: Idaho #70175	Date Issued:	Date Orig. Entry: March 31, 1919
	Date of Birth: age 22 / Birth Place: Grangeville, Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: Hospital Record	By whom issued and signed: St. Joseph's Hospital Lewiston, Idaho	Date Issued: 6-2-58	Date Orig. Entry: Dec. 21, 1923
	Date of Birth: age 27 / Birth Place: ---	Full Name of Mother: ---	Name of Father: ---	
QUALIFYING INFORMATION				
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.			
	State Registrar: W W Barron	Evidence reviewed by: Nancy Richards		Date Filed: June 30, 1958

FORM BH 56067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

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1. Name of child (First, middle, last)		2. Date of birth (Month, day, year)	
Ronald D. Kennedy		April 17, 1896	
3. Color or race	4. Sex	5. Place of birth (County)	
White	Male	Grangeville, Idaho County	
FATHER	6. Full name of father		7. State or country of father's birth
	Charles R. Kennedy		Washington
MOTHER	8. Full maiden name of mother		9. State or country of mother's birth
	Inga C. Ringbert		Penn.
AFFIDAVIT	10. I hereby declare that all the statements are true to the best of my knowledge and belief.	11. Signature of Registrant	12. Present address of Registrant Weeperee, Idaho
	13. Person named and sworn to before me this April, 30	14. Signature of Notary	15. Notary Commission expires May, day, 19 59

Registrar's Number	Date Received	Local Registration District	
Signature of Local Registrar			
Date Filed			

Registrar's Number	Date Received	Local Registration District	
1958	April 30, 1958	Grangeville	
Signature of Local Registrar			
Date Filed			
April 30, 1958			

Registrar's Number	Date Received	Local Registration District	
Signature of Local Registrar			
Date Filed			

Registrar's Number	Date Received	Local Registration District	
Signature of Local Registrar			
Date Filed			

Registrar's Number	Date Received	Local Registration District	
Signature of Local Registrar			
Date Filed			

Registrar's Number	Date Received	Local Registration District	
Signature of Local Registrar			
Date Filed			

331401-008-466

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 58-661

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: GLENDON A. CLARK			2. Date Of Birth (month) (day) (year): October 1, 1896
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Boise	b. City or Town of Birth: Placerville
FATHER	6. Full Name of Father: Henry Wadsworth Clark			7. State or Country of Father's Birth: Indiana
MOTHER	8. Full Maiden Name of Mother: Sara Jane Moore			9. State or Country of Mother's Birth: Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Glendon A Clark		11. Present Address of Registrant: Rt. # 1, Melba, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: September 5 19 57	12. Signature of Notary: Louis M Dwyke		13. Notary Commission expires: Feb. 11 1961

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: affadavit by neighbor	By whom issued and signed: neighbor Arch McBride	Date Issued:	Date Orig. Entry: July 16, 1958
	Date of Birth: Oct. 1, 1896	Birth Place: Placerville Boise County	Full Name of Mother: Sara Jane Moore	Name of Father: Henry Wadsworth Clark
SUPPORTING RECORD 2.	Type of Document: family bible	By whom issued and signed:	Date Issued:	Date Orig. Entry: obviously old
	Date of Birth: Oct. 1, 1896	Birth Place: Idaho	Full Name of Mother: ---	Name of Father: ---
SUPPORTING RECORD 3.	Type of Document: Life insurance policy	By whom issued and signed: Occidental Life Ins. Company	Date Issued:	Date Orig. Entry: Sept. 20, 1932
	Date of Birth: October 1, 1896	Birth Place: Placerville, Idaho	Full Name of Mother: ---	Name of Father: ---
QUALIFYING INFORMATION	own child's birth certificate #116966. child born Nov. 25, 1923. Name Glendon Clark born in Idaho age 27.			
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.			
	State Registrar: W. W. Benson	Evidence reviewed by: Carolyn Johns		Date Filed: August 1, 1958

FORM BH 56067

AUG 4

Life Insurance Policy

Occidental Life Ins. Company

October 3,

Placerville, Idaho

Dear Child's Birth Certificate Office. Child born Nov. 3, 1922

Brandon Stark born in Long Age 21.

2914 14-008-462

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 58-662

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Fred Salvainus Bramblee			2. Date of Birth (month) June (day) 14, (year) 1896
	3. Color or Race: white	4. Sex: male	5. Place of Birth a. County: Boise	b. City or Town of Birth: Garden Valley
FATHER	6. Full Name of Father: Miles Salvainus Bramblee			7. State or Country of Father's Birth: Virginia
MOTHER	8. Full Maiden Name of Mother: Emily A. Moser			9. State or Country of Mother's Birth: Kentucky
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: X Fred S Bramblee		11. Present Address of Registrant: Lovelock Nev
NOTARY (Seal)	Subscribed and sworn to before me on: August 4 1958	12. Signature of Notary: Hazel L. Hurlbert		13. Notary Commission expires: Sept. 28 1960

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Social Security application	By whom issued and signed: U. S. Treasury Dept.	Date Issued:	Date Orig. Entry: 8-2-37
	Date of Birth: June 14, 1896	Birth Place: Garden Valley	Full Name of Mother: Emily A. Moser	Name of Father: Miles Salvainus Bramblee
SUPPORTING RECORD 2.	Type of Document: U. S. Army Discharge papers	By whom issued and signed: United States Army	Date Issued: June 2, 1958	Date Orig. Entry: Enlisted May 7, 1917
	Date of Birth: age 20 yrs.	Birth Place: Garden Valley	Full Name of Mother: ---	Name of Father: ---
SUPPORTING RECORD 3.	Type of Document: Voting Registration paper	By whom issued and signed: Recorder Donald H. Woodman, Gem County	Date Issued: June 3, 1958	Date Orig. Entry: 1926
	Date of Birth: age 30	Birth Place: Garden Valley	Full Name of Mother: ---	Name of Father: ---
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Carolyn Johns	August 4, 1958

FORM BH 56067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

1. Name of child's full name at birth	Fred Clarence Trembles
2. Sex	White Male
3. Place of birth	County Boise
4. Name of father	Fred Clarence Trembles
5. Name of mother	Vera Jane Trembles
6. Date of birth	June 14, 1895
7. City or Town of birth	Garden Valley
8. State or Country of father's birth	Virginia
9. State or Country of mother's birth	Kentucky
10. Signature of applicant	[illegible]
11. Present Address of Applicant	[illegible]
12. Signature of notary	[illegible]
13. Notary Commission expires	[illegible]

Affidavit

Official Capacity of Affiant

1. Official Capacity of Affiant: Deputy Recorder
2. Date Filed with Local Registrar: 8-2-37
3. Name of Person Filing: Miles Calvin Trembles
4. Relationship: Brother
5. Date of Birth: June 2, 1897
6. Place of Birth: Garden Valley
7. Name of Father: [illegible]
8. Maiden Name of Mother: Emily A. Kyser
9. Name of Informant: [illegible]
10. Address of Informant: [illegible]
11. Date Filed with State Registrar: June 3, 1937
12. Registered No.: 1276

Data Source and Evidence

Data Source	Evidence Received
Family Bible	Affidavits

I hereby certify that I have examined the records on file in this office and find no birth certificate for the person named above.

Date: August 4, 1937

Signature: [illegible]

315407.006-239

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De58-729

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Benton Lewis LaVatta			2. Date Of Birth (month) May (day) 7 (year) 1896	
	3. Color or Race: Indian	4. Sex: Male	5. Place of Birth a. County: Fort Hall, Idaho-Bingham Ct.	b. City or Town of Birth: Ross Fork, (now Fort Hall)	
FATHER	6. Full Name of Father: Edward LaVatta			7. State or Country of Father's Birth: Idaho	
MOTHER	8. Full Maiden Name of Mother: Nettie Stinson			9. State or Country of Mother's Birth: Idaho	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Benton Lewis LaVatta	11. Present Address of Registrant: Fort Hall, Idaho	
NOTARY (Seal)	Subscribed and sworn to before me on: August 4 19 58		12. Signature of Notary: Lucile C. Brownley	13. Notary Commission expires: November 5 19 60	

APPLICANT—DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by friend at time of birth, age 80		By whom issued and signed: Mary M. Hutchinson	Date Issued: 8-4-58	Date Orig. Entry:
	Date of Birth: May 7, 1896	Birth Place: Ross Fork, Idaho (now Fort Hall)	Full Name of Mother: Nettie (Stinson) LaVatta	Name of Father: Edward LaVatta	
SUPPORTING RECORD 2.	Type of Document: Honorable Discharge		By whom issued and signed: U. S. Army	Date Issued: discharged 7-27-19	Date Orig. Entry: enlisted July 26, 1918
	Date of Birth: enlistment age 22	Birth Place: Fort Hall, Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: Census Record		By whom issued and signed: Fort Hall Indian Agency Fort Hall, Idaho	Date Issued: 8-22-58	Date Orig. Entry: June 30, 1912 & June 1953
	Date of Birth: 6-30-12-- age 16 6-53 born 1896	Birth Place: ---	Full Name of Mother: ---	Name of Father: ---	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: nr Nancy Richards	Date Filed: Sept. 3, 1958

FORM BH 56067

1 c.c.p.

SEP 3 1958

465-204-001-793

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De58-731

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Ella Francis Montgomery			2. Date of Birth (month) June (day) 4 (year) 1896	
	3. Color or Race: white	4. Sex: female	5. Place of Birth a. County: Ada	b. City or Town of Birth: Boise	
FATHER	6. Full Name of Father: Thomas Henry Montgomery			7. State or Country of Father's Birth: Iowa	
MOTHER	8. Full Maiden Name of Mother: Anna Gilman			9. State or Country of Mother's Birth: Maine	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Ella Frances Roberts		11. Present Address of Registrant: 5623 Eleanor Ave. Sac. Calif.	
NOTARY (Seal)	Subscribed and sworn to before me on: June 11 1958	12. Signature of Notary: Hazel L. Hurlbert		13. Notary Commission expires: Sept. 28 1960	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: affadavit by sister (age 77)	By whom issued and signed: Myrtle B. Jedlicka, [illegible]		Date Issued:	Date Orig. Entry: June 11, 1958
	Date of Birth: June 4, 1896	Birth Place: Boise, Idaho	Full Name of Mother: Anna Gilman	Name of Father: Thomas Henry Montgomery	
SUPPORTING RECORD 2.	Type of Document: Federal Census Record	By whom issued and signed: U. S. Bureau of the Census		Date Issued: 7-17-58	Date Orig. Entry: June 1, 1900
	Date of Birth: June 1896	Birth Place: Idaho	Full Name of Mother: Annie Montgomery	Name of Father: Thomas H. Montgomery	
SUPPORTING RECORD 3.	Type of Document: Church Record--Baptism	By whom issued and signed: First Methodist Church Nevada City, California		Date Issued: 8-24-58	Date Orig. Entry: Aug. 15, 1937
	Date of Birth: June 4, 1896	Birth Place: Boise, Idaho	Full Name of Mother: ---	Name of Father: ---	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. M. Jerman	ch nr Nancy Richards	Sept. 3, 1958

FORM BH 56067

FRANCIS

typed by Carolyn Hoffman

correct ?

SEP 3

1. Name of child (First, middle, last)			2. Sex
Alice Francis Montgomery			White
3. Date of birth (Month, day, year)	4. Place of birth (City, town, or location)	5. County	6. Twin, triplet, or other (If other, specify)
June 4, 1926	Idaho	Ada	
7. Mother's maiden name			8. Color or race
Thomas Henry Montgomery			White
9. Father's name			10. Color or race
Clinton			White
11. Mother's residence (Number and street, city, county, and State)			12. Color or race
Boise, Ada, Idaho			White
13. Maiden name of informant			14. Relationship to child
Gertrude Montgomery			Mother
15. Mailing address of informant			
Boise, Idaho			
16. Date filed	17. Signature of local registrar		
Sept. 3, 1926			

I hereby certify that the above is a true and correct copy of the certificate of birth filed in this office.

Date issued: Sept. 3, 1926

[illegible]
Deputy Registrar

463222-001-335

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De58-741

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Susan (Susie) Marguerite Daly
2. Date Of Birth: (month) March (day) 22 (year) 1896
3. Color or Race: White
4. Sex: Female
5. Place of Birth: a. County: Meridian Ada County; b. City or Town of Birth: Meridian Idaho

FATHER

6. Full Name of Father: William Henry Daly
7. State or Country of Father's Birth: Missouri U.S.A.

MOTHER

8. Full Maiden Name of Mother: Emma Matilda Clemens
9. State or Country of Mother's Birth: Ohio, U.S.A.

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: S.M. Armour (nee Daly)
11. Present Address of Registrant: White Rock, B.C. Canada

NOTARY (Seal)

Subscribed and sworn to before me on: Aug 29th 1958

12. Signature of Notary: C Beake, Notary Public in and for the Province of British Columbia
13. Notary Commission expires: Appointment for life 19

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Affidavit by father's sister (age 81)	Mrs. Martha A. Edie	5-9-58	

Date of Birth	Birth Place	Full Name of Mother	Name of Father
March 22, 1896	Ada Co. Meridian, Idaho	Emma Matilda (Clemens) Daly	William Henry Daly

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
School Record	Meridian Grade School Principal Meridian, Idaho	5-8-58	Sept. 21, 1903

Date of Birth	Birth Place	Full Name of Mother	Name of Father
age 7	---	Emma Matilda Daly	William Henry Daly

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Passport #217969	Canada	4-1-42	Apr. 1, 1942

Date of Birth	Birth Place	Full Name of Mother	Name of Father
March 22, 1896	Meridian, Idaho	---	---

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W M Larson	Nancy Richards	Sept. 5, 1958

FORM BH 56067

DEPARTMENT OF PUBLIC HEALTH
STATE OF IDAHO

SEP 8 1958

CERTIFICATE OF BIRTH

1. NAME OF CHILD (First, Middle, Last)
2. Sex
3. Date of Birth (Month, Day, Year)
4. Twin, Triplet or Other (Specify)
5. Birth Order
6. Place of Birth (City, County)
7. Length of Stay in Place of Birth
8. Usual Residence of Mother (State, County, City, Street, No.)
9. Usual Residence of Father (State, County, City, Street, No.)
10. Mother's Maiden Name
11. Mother's Age at Last Birthday
12. Mother's Birthplace (State or Foreign Country)
13. Father's Name
14. Father's Age at Last Birthday
15. Father's Birthplace (State or Foreign Country)
16. Informant's Name, Address and Relationship to Child
17. Name and Address of Person Who Certifies Birth
18. Date Received by Registrar
19. Registrar's Signature
20. Amended
21. Delayed
22. Court Order
23. Adoption
24. Paternity Determination
25. Legitimation
26. Date Filed by Registrar

Sept. 21, 1958

Dec. 2, 1958

Sept. 5, 1958

386416-001-815

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De58-779

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: JOHN GERALD LYONS			2. Date Of Birth (month) (day) (year): NOVEMBER 16, 1896	
	3. Color or Race: white	4. Sex: m	5. Place of Birth a. County: BOISE ADA	b. City or Town of Birth: BOISE	
FATHER	6. Full Name of Father: JOHN LYONS			7. State or Country of Father's Birth: BALTIMORE, MARYLAND	
MOTHER	8. Full Maiden Name of Mother: LINA L. HANSEN			9. State or Country of Mother's Birth: IDAHO	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: John Gerald Lyons	11. Present Address of Registrant: Pocatello, Idaho 51 RIVERSIDE DRIVE	
NOTARY (Seal)	Subscribed and sworn to before me on: May 9 1958		12. Signature of Notary: W. F. Healy.	13. Notary Commission expires: Nov 17 1960	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Registration for carrier employee Social Security Record	By whom issued and signed: U. S. Railroad Retirement Board	Date Issued: 12-5-57	Date Orig. Entry: Dec. 31, 1936
	Date of Birth: Nov. 16, 1896	Birth Place: Ada Co. Boise, Idaho	Full Name of Mother: Lillie Hansen	Name of Father: John Lyons
SUPPORTING RECORD 2.	Type of Document: (photostat) Insurance Application	By whom issued and signed: Metropolitan Life Ins. Co.	Date Issued:	Date Orig. Entry: Dec. 9, 1938
	Date of Birth: Nov. 16, 1896	Birth Place: Boise, Idaho	Full Name of Mother: ---	Name of Father: ---
SUPPORTING RECORD 3.	Type of Document: Affidavit by friend at time of birth, 10 yrs. senior	By whom issued and signed: Saisy D. Ennis	Date Issued: 8-27-58	Date Orig. Entry:
	Date of Birth: Nov. 16, 1896	Birth Place: Ada Co. Boise, Idaho	Full Name of Mother: Lina Hansen	Name of Father: John Gerald Lyons

QUALIFYING INFORMATION

Employment Record, Union Pacific Railroad Co., Pocatello, Ida.; 8-13-58: original record dated Oct. 15, 1913; born at Boise, Idaho on Nov. 16, 1896.

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	nr Nancy Richards	Sept. 25, 1958

FORM BH 56067

AMENDED CERTIFICATE OF BIRTH

STATE OF IDAHO

236-206-006-165

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De58-788

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: MINNIE LOUISE BLOMQUIST			2. Date Of Birth (month) OCT. (day) 6, (year) 1896	
	3. Color or Race: white	4. Sex: F	5. Place of Birth a. County: Goshen Ida. Bingham	b. City or Town of Birth: Goshen, Idaho	
FATHER	6. Full Name of Father: GUST BLOMQUIST			7. State or Country of Father's Birth: SWEDEN	
MOTHER	8. Full Maiden Name of Mother: LENA JONSON			9. State or Country of Mother's Birth: NORWAY	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Myrnie Louise Begum		11. Present Address of Registrant: BOX 333, WICKENBURG, ARIZ.	
NOTARY (Seal)	Subscribed and sworn to before me on: JULY 5th, 1958	12. Signature of Notary: Irene C. Rambo		13. Notary Commission expires: FEB. 16, 1961	

APPLICANT—DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by person present at birth, age--almost 85 years.	By whom issued and signed: Emma Christensen		Date Issued: 6-25-58	Date Orig. Entry:
	Date of Birth: Oct. 6, 1896	Birth Place: Goshen, Idaho	Full Name of Mother: Lina Blomquist	Name of Father: Gust Blomquist	
SUPPORTING RECORD 2.	Type of Document: Social Security Record	By whom issued and signed: Treasury Dept.		Date Issued:	Date Orig. Entry: Oct. 17, 1938
	Date of Birth: Oct. 6, 1896	Birth Place: Bingham Co. Goshen, Idaho	Full Name of Mother: Lena Jonsen	Name of Father: Gust Blomquist	
SUPPORTING RECORD 3.	Type of Document: own child's birth certificate	By whom issued and signed: Idaho #346559		Date Issued:	Date Orig. Entry: child born July 8, 1920
	Date of Birth: age 23	Birth Place: Goshen, Idaho	Full Name of Mother: ---	Name of Father: ---	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Jensen	mr Nancy Richards	Sept. 30, 1958

FORM BH 56067

SEP 30 1958

995108-003-219

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De58-795

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Christian John Rindlisbacher
2. Date of Birth: (month) May (day) 8 (year) 1896
3. Color or Race: White
4. Sex: Male
5. Place of Birth: a. County: Lund Idaho Bannock
   b. City or Town of Birth: (Lund.) - RFD of Bancroft

FATHER

6. Full Name of Father: Christian Rindlisbacher
7. State or Country of Father's Birth: Switzerland

MOTHER

8. Full Maiden Name of Mother: Anna Barfuss
9. State or Country of Mother's Birth: Switzerland

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: John Rindlisbacher
11. Present Address of Registrant: RFD Smithfield, Utah

NOTARY (Seal)

Subscribed and sworn to before me on: May 22nd 1958
12. Signature of Notary: Ilene Read
13. Notary Commission expires: 2-10-61 19____

APPLICANT — DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Family Record	original viewed by Bureau of Vital Statistics	1-18-46	(apparently old) Jan. 18, 1946
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	May 8, 1896 / Bannock Co. Lund, Idaho	Anna Barfuss (born-Switz.)	Christian Rindlisbacher (born-Switz.)	
SUPPORTING RECORD 2.	Insurance Policy	Beneficial Life Ins. Co.	11-7-16	Sept. 27, 1916
	May 8, 1896 / Bancroft, Idaho	----	Christian Rindlisbacher	
SUPPORTING RECORD 3.	Social Security Record	Treasury Dept.		Dec. 4, 1936
	May 8, 1896 / Bancroft, Idaho	Anna Barfuss	Christian Rindlisbacher	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Barron	Nancy Richards nr	Sept. 30, 1958

FORM BH 56067

AMENDED CERTIFICATE OF BIRTH

STATE OF IDAHO

SEP 30 1958

966-128-003-154

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De58-801
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: WILLIAM ABNER ROOKER		2. Date of Birth (month) DEC (day) 28 (year) 1896	
	3. Color or Race: WHITE	4. Sex: MALE	5. Place of Birth a. County: BANNOCK	b. City or Town of Birth: POCATELLO IDAHO
FATHER	6. Full Name of Father: CHARLES NELATON ROOKER		7. State or Country of Father's Birth: INDIANA	
MOTHER	8. Full Maiden Name of Mother: ANN ELIZABETH ANDERSON		9. State or Country of Mother's Birth: UTAH	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: William Abner Rooker	11. Present Address of Registrant: Winchester, Virginia	
NOTARY (Seal)	Subscribed and sworn to before me on: Sept 3 1958	12. Signature of Notary: Louise M. Wilson	13. Notary Commission expires: My Commission Expires February 28th, 1959	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Church Record	By whom issued and signed: Pocatello 2nd Ward LDS Church	Date Issued:	Date Orig. Entry: Sept. 4, 1905	
Class* B	Date of Birth: Dec. 28, 1896	Birth Place: Bannock Co. Pocatello, Idaho	Full Name of Mother: Lizzie Anderson	Name of Father: Charles Nelaton Rooker	
SUPPORTING RECORD 2.	Type of Document: Federal Census Record	By whom issued and signed: U. S. Bureau of the Census	Date Issued: 7-14-55	Date Orig. Entry: Jan. 1, 1920	
Class B	Date of Birth: age 23	Birth Place: Idaho	Full Name of Mother: —	Name of Father: —	
SUPPORTING RECORD 3.	Type of Document: (age 80) Affidavit by mother's sister	By whom issued and signed: Sadie Anderson	Date Issued: 9-22-58	Date Orig. Entry:	
Class B	Date of Birth: Dec. 28, 1896	Birth Place: Pocatello, Idaho	Full Name of Mother: (Rooker) Ann Elizabeth Anderson	Name of Father: Charles N. Rooker	

QUALIFYING INFORMATION

Newspaper account of father's death, "The Pocatello Tribune", dated Dec. 5, 1907; age 10; father Dr. C. N. Rooker; mother Lizzie Anderson.

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Barron	nr Nancy Richards	Oct. 2, 1958

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

STATE OF IDAHO

CERTIFICATE OF BIRTH

1. NAME OF CHILD: CHARLES MELATON ROCKER
2. Sex: MALE
3. Color or Race: WHITE
4. Date of Birth: DEC 28 1946
5. Place of Birth: SHANNOCK
6. County: BANNOCK
7. City or Town: POCATELLO
8. Length of Residence in City or Town: 2 YRS
9. Length of Residence in County: 2 YRS
10. Length of Residence in State: 2 YRS
11. Usual Residence: 1 MILE
12. Mother's Maiden Name: ANN ELIZABETH ANDERSON
13. Mother's Age: 19
14. Mother's Birthplace: IDAHO
15. Father's Name: CHARLES MELATON ROCKER
16. Father's Age: 21
17. Father's Birthplace: IDAHO
18. Father's Occupation: FARMER
19. Name of Informant: ANN ELIZABETH ROCKER
20. Relationship: MOTHER
21. Address: 1 MILE SHANNOCK
22. Date Filed: JAN 3 1947
23. Registrar: [illegible]
24. Remarks: None

I HEREBY CERTIFY that the above is a true and correct copy of the record of birth of CHARLES MELATON ROCKER as recorded in the Bureau of Vital Statistics, State of Idaho.

Witness my hand and seal of office this 3rd day of January, 1947.

[illegible]
Registrar of Vital Statistics

552-211-029-266

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De58-812

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Violet Nesbitt			2. Date Of Birth (month) 4 (day) 11 (year) 1896
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Idaho Latah	b. City or Town of Birth: Moscow
FATHER	6. Full Name of Father: Champion Mayfield Nesbitt			7. State or Country of Father's Birth: Montana
MOTHER	8. Full Maiden Name of Mother: Edith Gertrude Bowring			9. State or Country of Mother's Birth: Salt Lake Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Mrs Violet Arendorf		11. Present Address of Registrant: 910 E 2nd So. Salt Lake City Utah
NOTARY (Seal)	Subscribed and sworn to before me on: Oct. 6 1958	12. Signature of Notary: Lucy S. Taylor		13. Notary Commission expires: Oct. 11 1960

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Marriage Record	By whom issued and signed: Salt Lake County, Idaho		Date Issued: 10-2-58	Date Orig. Entry: June 6, 1923
	Date of Birth: April 11, 1896	Birth Place: Idaho	Full Name of Mother: Edith Bowring	Name of Father: C. M. Nesbitt	
SUPPORTING RECORD 2.	Type of Document: Lodge Record	By whom issued and signed: Radiant Chapter #12, Order of Eastern Star, Salt Lake City		Date Issued:	Date Orig. Entry: Sept. 8, 1951
	Date of Birth: April 11, 1896	Birth Place: Moscow, Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: Hospital Record	By whom issued and signed: Holy Cross Hospital Salt Lake City, Utah		Date Issued: 9-24-58	Date Orig. Entry: July 9, 1951
	Date of Birth: age 55	Birth Place: ---	Full Name of Mother: ---	Name of Father: ---	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Jenson	Nancy Richards	Oct. 8, 1958

FORM BH 56067

DELAYED CERTIFICATE OF BIRTH

STATE OF [illegible]

619219-016-281

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De58-880

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Ida Irene Fairchild
2. Date of Birth (month) Oct (day) 19 (year) 1896
3. Color or Race: White
4. Sex: Fe
5. Place of Birth: County: Cassia
b. City or Town of Birth: Basin

FATHER

6. Full Name of Father: Seymour Fairchild
7. State or Country of Father's Birth: Grantsville Utah

MOTHER

8. Full Maiden Name of Mother: Melissa Sharp
9. State or Country of Mother's Birth: Clay Center Neb.

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Ida I. Birth
11. Present Address of Registrant: Wendell R2 Idaho

NOTARY (Seal)

Subscribed and sworn to before me on: May 28th 1958
12. Signature of Notary: Wallace A Hale
13. Notary Commission expires: May 20th 1960

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Marriage Record	Twin Falls Co., Idaho	5-5-58	March 22, 1916
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	age 19 / ----	----	----	
SUPPORTING RECORD 2.	Type of Document: Affidavit by person present at birth, age 86	By whom issued and signed: Louisiana Fairchild	Date Issued: 10-22-58	Date Orig. Entry:
	Date of Birth: Oct. 19, 1896 / Birth Place: Cassia Co. Basin, Idaho	Full Name of Mother: Melissia Sharp Fairchild	Name of Father: Seymour Fairchild	
SUPPORTING RECORD 3.	Type of Document: Federal Census Record	By whom issued and signed: U. S. Bureau of the Census	Date Issued: 3-16-57	Date Orig. Entry: June 1, 1900
	Date of Birth: Oct. 1896 (age 3) / Birth Place: Idaho	Full Name of Mother: Malissa Fairchild	Name of Father: Seymour Fairchild	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Barron	nr Nancy Richards	Nov. 3, 1958

FORM BH 56067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

192-2-19-036-363

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De58-912

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Eva Arbon
2. Date Of Birth: (month) May (day) 19 (year) 1896
3. Color or Race: White
4. Sex: Female
5. Place of Birth: a. County: Oneida; b. City or Town of Birth: Stone

FATHER

6. Full Name of Father: Philip Arbon
7. State or Country of Father's Birth: England

MOTHER

8. Full Maiden Name of Mother: Margaret Cottam
9. State or Country of Mother's Birth: England

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Eva A. Sandberg
11. Present Address of Registrant: 2403 Van Buren, Ogden, Utah

NOTARY (Seal)

Subscribed and sworn to before me on: Oct. 22 1958
12. Signature of Notary: Lila J. Lutz
13. Notary Commission expires: July 2 1961

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Church Record	Weber Stake, Plain City Ward LDS Church	7-11-57	June 5, 1904

Date of Birth	Birth Place	Full Name of Mother	Name of Father
May 19, 1896	Oneida Co. Stone, Idaho	Margaret Cottam	Philip Arbon

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Affidavit by aunt (age--over 80)	Elizabeth Jensen	10-22-58	

Date of Birth	Birth Place	Full Name of Mother	Name of Father
May 19, 1896	Oneida Co. Stone, Idaho	Margaret Cottam Arbon	Philip Arbon

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Bible record (photostat)	original viewed by Notary Public, Lila J. Lutz; Ogden, Utah.	11-15-58	"yellow with age"

Date of Birth	Birth Place	Full Name of Mother	Name of Father
May 19, 1896	Oneida Co. Stone, Idaho	---	---

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Ransom	nr Nancy Richards	Nov. 19, 1958

FORM BH 56067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

NOV 1 0 1958

NOV 2 6 1958

799-106-032-365

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De58-981

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Herbert Eugene Gridley			2. Date of Birth (month) December (day) 6 (year) 1896
	3. Color or Race: White	4. Sex: male	5. Place of Birth a. County: Lincoln	b. City or Town of Birth: Hagerman, Idaho
FATHER	6. Full Name of Father: Samuel E. Gridley			7. State or Country of Father's Birth: California
MOTHER	8. Full Maiden Name of Mother: Iva Dale Conklin			9. State or Country of Mother's Birth: Iowa
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Herbert Eugene Gridley		11. Present Address of Registrant: 505 Park Ave Twin Falls Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: November 10 1958	12. Signature of Notary: Hazel L Hurlbert		13. Notary Commission expires: Sept. 28 1960

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Bible Record		By whom issued and signed: --	Date Issued: --	Date Orig. Entry: obviously old
	Date of Birth: Dec. 6, 1896	Birth Place: Hagerman, Idaho	Full Name of Mother: Mrs. Iva D. Gridley	Name of Father: Samuel E. Gridley	
SUPPORTING RECORD 2.	Type of Document: Affidavit by Brother-age 74		By whom issued and signed: A. L.Gridley	Date Issued: Nov. 10, 1958	Date Orig. Entry:
	Date of Birth: December 6 1896	Birth Place: Hagerman, Idaho	Full Name of Mother: Iva Dale Conklin	Name of Father: Samuel E. Gridley	
SUPPORTING RECORD 3.	Type of Document: Insurance Policy		By whom issued and signed: Idaho Mutual Benefit Assoc.	Date Issued: 6-11-35	Date Orig. Entry: June 7, 1935
	Date of Birth: Dec. 6, 1896	Birth Place: Hagerman, Idaho	Full Name of Mother: ---	Name of Father: ---	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: ses Nancy Richards	Date Filed: Dec. 10, 1958

FORM BH 56067

COPY Paid

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

DEC 1 0

968-224-020-962

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

Department of Public Health
Division of Vital Statistics
Boise, Idaho

State File No. De58-984
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Adda Rohrer			2. Date of Birth (month) March (day) 24 (year) 1896	
	3. Color or Race: white	4. Sex: female	5. Place of Birth: a. County: Idaho / Elmore	b. City or Town of Birth: Mountain Home	
FATHER	6. Full Name of Father: Constantina Rohrer			7. State or Country of Father's Birth: Illinois	
MOTHER	8. Full Maiden Name of Mother: Celestia Rose			9. State or Country of Mother's Birth: Utah	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Adda Rohrer Wilson	11. Present Address of Registrant: 4806 East 6 St. Tacoma Wash	
NOTARY (Seal)	Subscribed and sworn to before me on: November 13 1958		12. Signature of Notary	13. Notary Commission expires: August 26 1962	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Church Record--Baptism		By whom issued and signed: R. C. Church, Shoshone; by Rev. L. C. Godschalx,	Date Issued: 4-24-58	Date Orig. Entry: Feb. 23, 1902
Class* B	Date of Birth: March 24, 1896	Birth Place: (State not shown) Mt. Home	Full Name of Mother: Celestia Rose	Name of Father: Constantino Rohrer	
SUPPORTING RECORD 2.	Type of Document: Federal Census Record		By whom issued and signed: U. S. Bureau of the Census	Date Issued: 7-31-58	Date Orig. Entry: June 1, 1900
Class B	Date of Birth: March, 1896 (age 4)	Birth Place: Idaho	Full Name of Mother: Celestia J. Rohrorer	Name of Father: Constantina Rohrorer	
SUPPORTING RECORD 3.	Type of Document: own child's birth certificate		By whom issued and signed: Idaho #126393	Date Issued:	Date Orig. Entry: child born Nov. 6, 1924
Class B	Date of Birth: age 28	Birth Place: Mountain Home, Idaho	Full Name of Mother: ---	Name of Father: ---	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W L Benson	Evidence reviewed by: Nancy Richards nr	Date Filed: Dec. 11, 1958

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DECLARED COPY

CERTIFICATE OF BIRTH

STATE OF IDAHO

799-21-029-553

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De58-985

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Versa Grimes
2. Date Of Birth: October 12 1896
3. Color or Race: White
4. Sex: Female
5. Place of Birth: a. County: Latah Co. b. City or Town of Birth: Genesee, Idaho

FATHER

6. Full Name of Father: Charles Edgar Grimes
7. State or Country of Father's Birth: Terre Haute, Indiana

MOTHER

8. Full Maiden Name of Mother: Margaret Jane Enterkine
9. State or Country of Mother's Birth: Wayne Co., Illinois

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Versa Grimes
11. Present Address of Registrant: 2204 W. Yakima Ave. Yakima, Washington

NOTARY (Seal)

Subscribed and sworn to before me on December 5 1958

12. Signature of Notary: Joe E Olson
13. Notary Commission expires: Aug 20 1960

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document: Hospital Record
By whom issued and signed: St. Elizabeth Hospital Yakima, Washington
Date Issued: 10-14-58
Date Orig. Entry: July 13, 1947
Date of Birth: Oct. 12, 1896 (age 50)
Birth Place: Genessee, Idaho
Full Name of Mother: Margaret Enterkine
Name of Father: C. E. Grimes

SUPPORTING RECORD 2.

Type of Document: Newspaper Record
By whom issued and signed: "Seattle Sunday Times" Seattle, Wash.
Date Issued:
Date Orig. Entry: published July 14, 1907
Date of Birth: age 10 yrs.
Birth Place: ---
Full Name of Mother: ---
Name of Father: ---

SUPPORTING RECORD 3.

Type of Document: (12 yrs. senior) Affidavit by cousin
By whom issued and signed: Agnes Willis Floyd (Information taken from genealogy files)
Date Issued: 7-17-58
Date Orig. Entry:
Date of Birth: Oct. 12, 1896
Birth Place: Genesee, Idaho
Full Name of Mother: Margaret Enterkine Grimes
Name of Father: ---

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: W. W. Jenson
Evidence reviewed by: nr Nancy Richards
Date Filed: Dec. 11, 1958

FORM BH 56067

1 copy mailed

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

DEC 11 1968

1. NAME	a. First b. Middle c. Last (Person whose birth is being registered)
2. SEX	
3. DATE OF BIRTH	a. Month b. Day c. Year
4. PLACE OF BIRTH	a. County b. City or Town c. Name of Hospital (If not in hospital, give street address or location)
5. MOTHER	a. First b. Middle c. Last (Maiden)
6. FATHER	a. First b. Middle c. Last
7. Name and address of informant	
8. Relationship to person named in item 1	
9. Signature of informant	
10. Date signed	
11. Name and address of person who prepared this form	
12. Signature of preparer	
13. Date signed	
14. Name of Registrar	
15. Date filed by Registrar	
16. Number	

I HEREBY CERTIFY that I have examined the records filed in the Division of Vital Statistics, State of Idaho, and that the following is a true and correct statement of the facts relating to the birth of the person named above, as shown by the records.

Date of Birth: October 25, 1929

Place of Birth: Idaho

Name at Birth: [illegible]

Father: [illegible]

Mother: [illegible]

Evidence Reviewed by: [illegible]

Date Filed: [illegible]

Registrar

Form No. [illegible]

718-125-004-253

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De58-1041

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Ascel Kelsey Payne
2. Date Of Birth: (month) June (day) 25 (year) 1896
3. Color or Race: White
4. Sex: Male
5. Place of Birth: a. County: Bear Lake Idaho; b. City or Town of Birth: Bloomington

FATHER

6. Full Name of Father: Samuel Payne
7. State or Country of Father's Birth: Iowa

MOTHER

8. Full Maiden Name of Mother: Lydia Malissa Kelsey
9. State or Country of Mother's Birth: Brigham City Utah

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Ascel Kelsey Payne
11. Present Address of Registrant: 438 Adams Ave Ogden Ut

NOTARY (Seal)

Subscribed and sworn to before me on: Nov 8 1958
12. Signature of Notary: [signature]
13. Notary Commission expires: Jan 18 1960

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Church Record--Baptism	Bloomington Ward, Bear Lake Stake, LDS Church	8-29-16	July 2, 1904
	Date of Birth: June 25, 1896 / Birth Place: Bear Lake Co, Bloomington, Idaho	Full Name of Mother: Lydia Kelsey	Name of Father: Samuel Payne	
SUPPORTING RECORD 2.	Affidavit by brother, age 77	Robert Arthur Payne	11-22-58	
	Date of Birth: June 25, 1896 / Birth Place: Bloomington, Idaho	Full Name of Mother: Lydia Malissa Payne	Name of Father: Samuel Payne	
SUPPORTING RECORD 3.	Honorable Discharge Record	U. S. Army	Date Issued: discharged 9-24-19	Date Orig. Entry: enlisted Aug. 4, 1918
	Date of Birth: age at enlistment 22 2/12 / Birth Place: Bloomington, Idaho	Full Name of Mother: ---	Name of Father: ---	

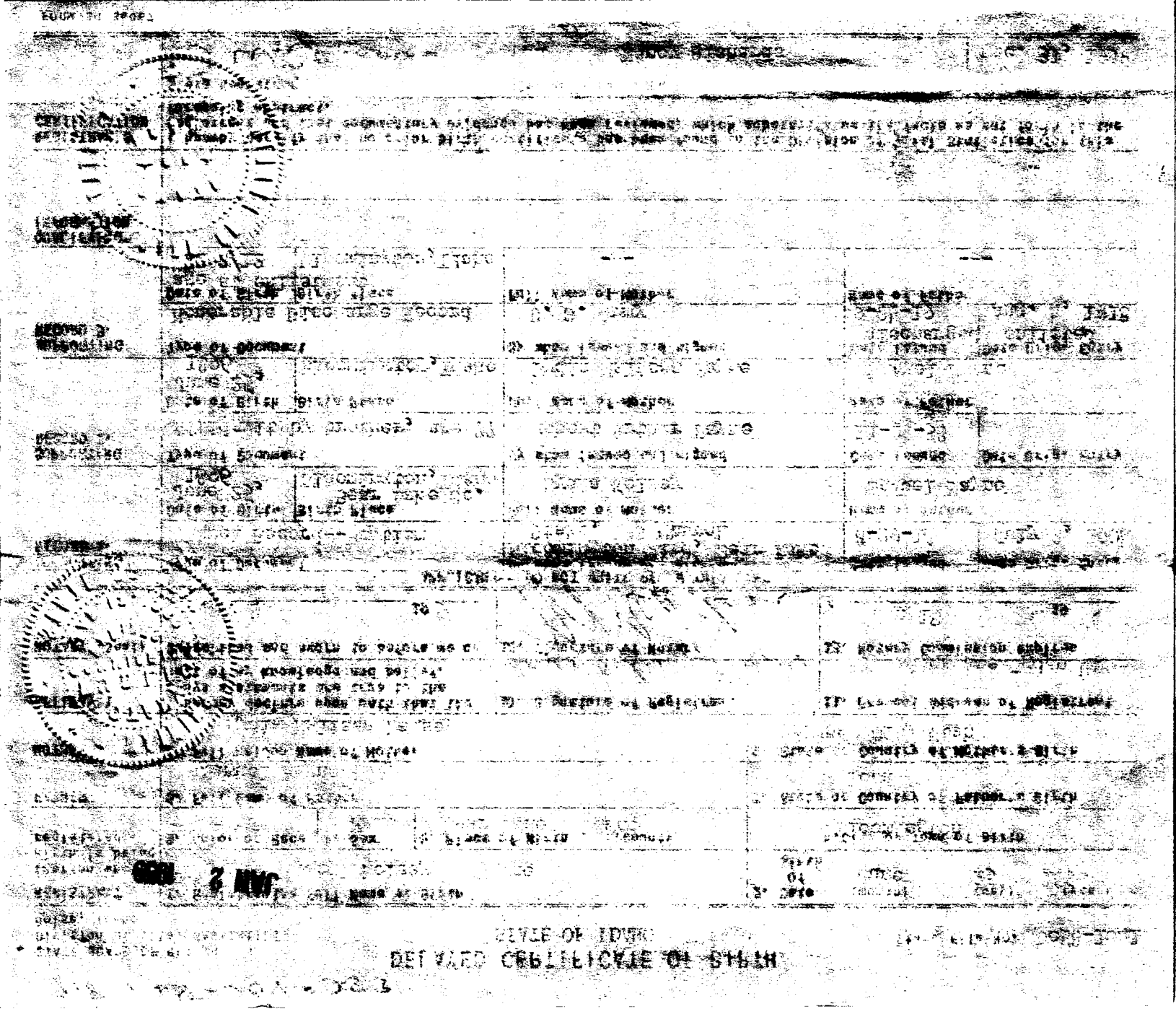
QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	nr Nancy Richards	Dec. 31, 1958

FORM BH 56067



231-225-016-682

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De59-057

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Loa Virginia Bland
2. Date of Birth (month) (day) (year): November 25, 1896
3. Color or Race: White
4. Sex: Female
5. Place of Birth — a. County: Cassia Co.
   b. City or Town of Birth: Albion, Idaho

FATHER

6. Full Name of Father: John Wesley Bland
7. State or Country of Father's Birth: Muncie, Indiana

MOTHER

8. Full Maiden Name of Mother: Lillia Amanda Fisher
9. State or Country of Mother's Birth: Ft. Collins, Colorado

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Loa Virginia Johnson
11. Present Address of Registrant: Str. Rt., Box 1301, Sonora, California

NOTARY (Seal)

Subscribed and sworn to before me on: January 17 1959
12. Signature of Notary: Vera I. Weltmer
13. Notary Commission expires: October 26 1959

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Affidavit by uncle, age 59	Mark Twain Fisher	6-2-1942	

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Nov. 25, 1896	Cassia Co. Albion, Idaho	Lillia Amanda Fisher	John Wesley Bland

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Marriage Record	San Luis Obispo Co., Calif.		May 20, 1915

Date of Birth	Birth Place	Full Name of Mother	Name of Father
age 18	Idaho	----	----

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
own child's birth certificate	San Luis Obispo Co. Health Dept., Calif.	7-26-43	child born June 2, 1917

Date of Birth	Birth Place	Full Name of Mother	Name of Father
age 20	Idaho	----	----

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Barron	mr Nancy Richards	Jan. 29, 1959

FORM BH 56067

DELAYED CERTIFICATE OF BIRTH

JAN 29 1959

867-109-021-816

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De59-079

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: FRED C. HOPKINS			2. Date Of Birth (month) 1 (day) 9 (year) 1896
	3. Color or Race: W.	4. Sex: M	5. Place of Birth a. County: FRANKLIN	b. City or Town of Birth: FRANKLIN
FATHER	6. Full Name of Father: JOHN N. HOPKINS			7. State or ~~Country of~~ Father's Birth: VIRGINIA
MOTHER	8. Full Maiden Name of Mother: LUCY HAWKES			9. State or ~~Country~~ of Mother's Birth: UTAH
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Fred C. Hopkins		11. Present Address of Registrant: 5259 S.W. IDAHO ST PORTLAND OREGON
NOTARY (Seal)	Subscribed and sworn to before me on: Jan. 20th 1959	12. Signature of Notary: Alma L. Wilson		13. Notary Commission expires: 2-17- 1961

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by relative, age 86	By whom issued and signed: Thomas W. Snodgrass		Date Issued: 12-16-58	Date Orig. Entry:
	Date of Birth: Jan. 9, 1896	Birth Place: Franklin, Idaho	Full Name of Mother: Lucy Hawkes Hopkins	Name of Father: John N. Hopkins	
SUPPORTING RECORD 2.	Type of Document: Insurance Application	By whom issued and signed: Phoenix Mutual Life Ins. Co.		Date Issued:	Date Orig. Entry: June 5, 1928
	Date of Birth: Jan. 9, 1896	Birth Place: Franklin, Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: Honorable Discharge Record	By whom issued and signed: U.S. Army		Date Issued: discharged 6-13-19	Date Orig. Entry: enlisted Jan. 12, 1916
	Date of Birth: enlistment age 20 years	Birth Place: Franklin, Idaho	Full Name of Mother: ---	Name of Father: ---	

QUALIFYING INFORMATION

Lodge Record, Buhl Lodge No. 53, A.F.& A.M., Buhl, Idaho; 7-24-58: date of petition-July 1, 1920; born January 9, 1896 in Franklin, Franklin Co., Idaho.

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
D. W. Jenson	Nancy Richards	Feb. 3, 1959

FORM BH 56067

DELAYED CERTIFICATE OF BIRTH

STATE OF IOWA

FEB 3

396-103-003-731

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De59-186

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Joseph Heber Croxall
2. Date Of Birth (month) (day) (year): August 3 1896
3. Color or Race: White
4. Sex: Male
5. Place of Birth a. County: Bannock Co.
b. City or Town of Birth: Pocatello, Idaho

FATHER

6. Full Name of Father: Joseph Hiram Croxall
7. State or Country of Father's Birth: England

MOTHER

8. Full Maiden Name of Mother: Phoebe Lilly Plant
9. State or Country of Mother's Birth: Salt Lake City, Utah

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Joseph H. Croxall
11. Present Address of Registrant: 410 So. 12th, Pocatello, Idaho

NOTARY (Seal)

Subscribed and sworn to before me on 4th day of Feb 1959
12. Signature of Notary: Alfred S. Hancock
13. Notary Commission expires: Dec 28 1961

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Church Record-Blessing	LDS Church, Salt Lake City	4-11-57	Jan. 26, 1903
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	Aug. 3, 1896 / Bannock Co. Pocatello, Idaho	Phoebe Lillie Plant	Joseph Croxall	
SUPPORTING RECORD 2.	Social Security Record	Treasury Dept.		Nov. 26, 1936
	Aug. 3, 1896 / Pocatello, Idaho	Phoebe Lilly Plante	Joseph Hyrum Croxall	
SUPPORTING RECORD 3.	Honorable Discharge Record	U. S. Army	Discharged 1-25-19	Inducted Aug. 14, 1918
	induction age age 22 / Pocatello, Idaho	---	---	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: W. W. Barron
Evidence reviewed by: nr Nancy Richards
Date Filed: March 3, 1959

FORM BH 56067

MAR 4 1959

296-218-022-413

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De59-201

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Ruth Matilda Browning			2. Date Of Birth (month) (day) (year): November 18, 1896	
	3. Color or Race: white	4. Sex: fe	5. Place of Birth a. County: Labelle Fremont	b. City or Town of Birth: Labelle, Idaho	
FATHER	6. Full Name of Father: George Andrew Browning			7. State or Country of Father's Birth: Utah	
MOTHER	8. Full Maiden Name of Mother: Emma Christina Matson			9. State or Country of Mother's Birth: Sweden	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Ruth Matilda Browning (Mrs. Addison Mackay)		11. Present Address of Registrant: Idaho	
NOTARY (Seal)	Subscribed and sworn to before me on: 10th day of February 1959	12. Signature of Notary: Kenneth N. Deming		13. Notary Commission expires: January 23 1962	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Federal Census Record	By whom issued and signed: U. S. Bureau of the Census	Date Issued: 12-22-58	Date Orig. Entry: June 1, 1900
	Date of Birth: (Nov. 1896) age 3 / Birth Place: Idaho	Full Name of Mother: Emma C. Browning	Name of Father: George A. Browning	
SUPPORTING RECORD 2.	Type of Document: Church Record	By whom issued and signed: Rigby Stake, Melba Ward LDS Church	Date Issued: 12-10-58	Date Orig. Entry: June 2, 1905
	Date of Birth: Nov. 18, 1896 / Birth Place: Fremont Co. LaBell, Idaho	Full Name of Mother: Emma C. Matson	Name of Father: George A. Browning	
SUPPORTING RECORD 3.	Type of Document: Family Record	By whom issued and signed: original viewed by Bureau of Vital Statistics	Date Issued: 3-5-59	Date Orig. Entry: old record
	Date of Birth: Nov. 18, 1896 / Birth Place: Fremont Co. Labelle, Idaho	Full Name of Mother (born-Sweden): Emma Christina Matson	Name of Father (born-Utah): George Andrew Browning	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Barron	nr Nancy Richards	March 5, 1959

FORM BH 56067

MAR 5 1959

619-120-003-718

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De59-244

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Francis Dewey Warner			2. Date of Birth (month) October (day) 20 (year) 1896
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Bannock Co.	b. City or Town of Birth: Lava Hot Springs, Idaho
FATHER	6. Full Name of Father: Frank Warner			7. State or Country of Father's Birth: Germany
MOTHER	8. Full Maiden Name of Mother: Cordelia Gay			9. State or Country of Mother's Birth: Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Francis Dewey Warner		11. Present Address of Registrant: Box 274 Lava Hot Springs, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: March 2 1954	12. Signature of Notary: Fenella Phelps		13. Notary Commission expires: March 1 1962

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Honorable Discharge Record	By whom issued and signed: U. S. Army	Date Issued: discharged 7-10-20	Date Orig. Entry: enlisted July 11, 1919
	Date of Birth: enlistment age 22 8/12	Birth Place: Lava Hot Springs, Idaho	Full Name of Mother: ---	Name of Father: ---
SUPPORTING RECORD 2.	Type of Document: own child's birth certificate	By whom issued and signed: Idaho #218291	Date Issued:	Date Orig. Entry: child born Jan. 23, 1934
	Date of Birth: age 37	Birth Place: Lava Hot Springs, Idaho	Full Name of Mother: ---	Name of Father: ---
SUPPORTING RECORD 3.	Type of Document: Affidavit by neighbor at time of birth whose mother nursed his mother, age 72,	By whom issued and signed: Della C. Phelps	Date Issued: 3-14-59	Date Orig. Entry:
	Date of Birth: Oct. 20, 1896	Birth Place: Lava Hot Springs, Idaho	Full Name of Mother: Cordelia Gay Warner	Name of Father: Frank Warner
QUALIFYING INFORMATION	Insurance Policy, Beneficial Protective Assoc., application-July 9, 1946: born in Idaho on Oct. 20, 1896.			
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.			
	State Registrar: D W Bowman	Evidence reviewed by: nr Nancy Richards		Date Filed: March 19, 1959

FORM BH 56067

1 copy prid

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

MAR 19 19[illegible]

1. Name of child (First, middle, last)		2. Date of birth (Month, day, year)	
3. Color or race	4. Sex	5. Place of birth (County)	
6. Full name of father		7. State or country of father's birth	
8. Full maiden name of mother		9. State or country of mother's birth	
10. Mother's usual residence at time of birth (Street address, city, county, state)		11. Number of previous children born to this mother	
12. Name and address of attendant at birth		13. Date certificate filed	

I hereby certify that the above information is true and correct to the best of my knowledge and belief.

(Signature)

(Title)

(Address)

(Date)

SUBSCRIBED AND SWORN TO before me this date.

(Signature of official administering oath)

(Title)

(Date)

(Seal)

FOR USE OF REGISTRAR

Registrar certifies that he has examined the evidence submitted in support of this application and that he recommends that a certificate of birth be filed.

(Signature of Registrar)

(Date)

Registrar refers this application to the State Registrar for the following reason:

(Signature of Registrar)

(Date)

FOR USE OF STATE REGISTRAR

Application approved and certificate ordered filed.

(Signature of State Registrar)

(Date)

Application disapproved for the following reason:

(Signature of State Registrar)

(Date)

(Form as above)

212-228-022-816

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De59-261

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: FLORENCE BAKER			2. Date Of Birth (month) July (day) 28th, (year) 1896
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Teton, Fremont, Idaho	b. City or Town of Birth: Teton Idaho
FATHER	6. Full Name of Father: Wiear Baker			7. State or Country of Father's Birth: Salt Lake City, Utah
MOTHER	8. Full Maiden Name of Mother: Francis Electa Haws			9. State or Country of Mother's Birth: Provo, Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Florence Baker Murphy	11. Present Address of Registrant: 130 So. 10th E Pocatello Ida
NOTARY (Seal)	Subscribed and sworn to before me on: March 13 1959		12. Signature of Notary: Sarah Stevens	Clerk of District Court Bannock Co. Idaho

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Church certificate of birth		By whom issued and signed: L.D. S. Church, Bannock Stake, Teton Ward	Date Issued: Feb. 24, 1955	Date Orig. Entry: January 3, 1897
	Date of Birth: July 28, 1896	Birth Place: Teton, Fremont County, Idaho	Full Name of Mother: Francis Electa Haws	Name of Father: Wiear Baker	
SUPPORTING RECORD 2.	Type of Document: Own child's birth certificate		By whom issued and signed: On file Vital Statistics, Idaho #171054	Date Issued:	Date Orig. Entry: Child born 4-17-1929
	Date of Birth: Age 32	Birth Place: Teton, Ida.	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: Marriage Record		By whom issued and signed: Bannock Co., Idaho	Date Issued: 3-11-59	Date Orig. Entry: Dec. 23, 1916
	Date of Birth: Age 20	Birth Place: ---	Full Name of Mother: ---	Name of Father: ---	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Barron	ses Nancy Richards	March 23, 1959

FORM BH 56067

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

MAR 23 1960

1. Name of child	2. Sex	3. Date of birth (month, day, year)	
4. Place of birth (county, city or town)		5. Usual residence of parents (county, city or town)	
6. Full name of father		7. State or country of father's birth	
8. Full maiden name of mother		9. State or country of mother's birth	
10. Name and address of person or institution having care and custody of child if other than parents		11. Signature of informant	12. Date signed
13. Attested by: (Seal)		14. Signature of Registrar	15. Date accepted by Registrar

Clerk of District Court
Franklin Co., Idaho

BY DEPUTY

Type of Document: Duplicate certificate of birth		Date Issued: Feb. 22, 1952	Date Orig. Entry: January 5, 1907
Date of Birth: July 28, 1856	Place of Birth: Teton, Idaho	By whom issued and signed: Francis Electa Haws, County Clerk, Teton, Idaho	Name of Father: Henry Baker
Name of Mother: [illegible]			
Type of Document: Duplicate birth certificate		Date Issued:	Date Orig. Entry:
Date of Birth: Age 32	Place: Teton, Ida.	By whom issued and signed: [illegible] Co. Clerk, Teton, Idaho	Name of Father: ---
Name of Mother: ---			
Type of Document:		Date Issued:	Date Orig. Entry:
Date of Birth: Age 30	Place: ---	By whom issued and signed: [illegible]	Name of Father: ---
Name of Mother: ---			

I hereby certify that a duplicate birth certificate has been issued in the Division of Vital Statistics for this registration and that documentary evidence has been received, which substantiates the facts as set forth in the above statement.

State Registrar	Evidence reviewed by: SRS Nancy [illegible]	Date Filed: March 23, 1960

141-227-006-731

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De59-311

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Clara Emmarene Adams			2. Date Of Birth (month) 3 (day) 27 (year) 1896	
	3. Color or Race: White	4. Sex: F	5. Place of Birth a. County: Bingham	b. City or Town of Birth: Riverside	
FATHER	6. Full Name of Father: Lot Adams			7. State or Country of Father's Birth: Rounds County, North Hampshire England	
MOTHER	8. Full Maiden Name of Mother: Sarah Ann Plant			9. State or Country of Mother's Birth: County unknown, England	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Clara Adams Bingham	11. Present Address of Registrant: Moore, Idaho	
NOTARY (Seal)	Subscribed and sworn to before me on: February 14, 1959		12. Signature of Notary: Margaret E. Pearson	13. Notary Commission expires: 1/16 19 61	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by brother (age 73)		By whom issued and signed: Lot P. Adams	Date Issued: 2-11-59	Date Orig. Entry:
	Date of Birth: March 27, 1896	Birth Place: Bingham Co. Riverside, Idaho	Full Name of Mother: Sarah A. Plant Adams	Name of Father: Lot Adams	
SUPPORTING RECORD 2.	Type of Document: own child's birth certificate		By whom issued and signed: Idaho #395557	Date Issued:	Date Orig. Entry: child born April 8, 1933
	Date of Birth: age 37	Birth Place: Riverside, Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: Marriage Record		By whom issued and signed: Salt Lake Co., Utah	Date Issued: 3-24-59	Date Orig. Entry: Nov. 25, 1919
	Date of Birth: age 23	Birth Place: ---	Full Name of Mother: ---	Name of Father: ---	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Denson	nr Nancy Richards	April 6, 1959

FORM BH 56067

APR 6 1959

MAR 3 1971

315-102-009-315

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De59-367

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: CHARLES EMERSON LANDIS
2. Date of Birth (month) (day) (year): MAY 2 1896
3. Color or Race: WHITE
4. Sex: M
5. Place of Birth a. County:
b. City or Town of Birth: HOPE

FATHER

6. Full Name of Father: COOPER WELDON LANDIS
7. State or Country of Father's Birth: PARIS, TENNESSEE

MOTHER

8. Full Maiden Name of Mother: JESSIE ADA LANE
9. State or Country of Mother's Birth: FT. BRIDGER, WYOMING

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Chas. E. Landis
11. Present Address of Registrant: 9004 No. MERCER WAY, MERCER ISLAND, WASHINGTON

NOTARY (Seal)

Subscribed and sworn to before me on: April 16 1959
12. Signature of Notary: Neil H. Clarke
13. Notary Commission expires: Oct 8, 1960

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Social Security Record	Treasury Dept.		Nov. 30, 1936

Date of Birth	Birth Place	Full Name of Mother	Name of Father
May 2, 1896	Hope, Idaho	Ada Lane	Cooper Weldon Landis

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Marriage Record	Philadelphia Co., Pa.	4-13-59	June 21, 1919

Date of Birth	Birth Place	Full Name of Mother	Name of Father
May 2, 1896	Hope, Idaho	Ada Lane	Cooper Landis

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Service Record	Bureau of Navigation Navy Department	discharged 7-10-19	enlisted Aug. 10, 1917

Date of Birth	Birth Place	Full Name of Mother	Name of Father
May 2, 1896	Pope, Idaho	---	---

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Nancy Richards	April 27, 1959

FORM BH 56067

APR 27

964-229-003-415

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De59-369

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Geovanna Angela Romano			2. Date Of Birth (month) (day) (year): Apr. 29 1896
	3. Color or Race: W	4. Sex: F	5. Place of Birth a. County: Idaho	b. City or Town of Birth: Pocatello
FATHER	6. Full Name of Father: Pasquale Romano			7. State or Country of Father's Birth: Italy
MOTHER	8. Full Maiden Name of Mother: Phelomina Mancini			9. State or Country of Mother's Birth: Italy
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Mrs. Jennie Lombardi		11. Present Address of Registrant: Box 62 Louisville Colo.
NOTARY (Seal)	Subscribed and sworn to before me on: Sept. 12, 1957	12. Signature of Notary: John A. Devinney		13. Notary Commission expires: March 31st. 1958

APPLICANT - DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of Baptism	By whom issued and signed: St. Joseph Church, Pocatello, Ida. (R.C.)		Date Issued: 8-23-57	Date Orig. Entry: May 3, 1896
	Date of Birth: April 29, 1896	Birth Place: Pocatello, Idaho	Full Name of Mother: Philomena Mancini	Name of Father: Pasquale Romano	
SUPPORTING RECORD 2.	Type of Document: Insurance Policy	By whom issued and signed: Prudential Ins. Co. of America		Date Issued: 4-15-40	Date Orig. Entry: Apr. 11, 1940
	Date of Birth: Apr. 29, 1896	Birth Place: Pocatello, Idaho	Full Name of Mother: Philomena Mancini	Name of Father: Pasquale Romano	
SUPPORTING RECORD 3.	Type of Document: (born 3-25-1879) Affidavit by aunt	By whom issued and signed: (neighbor at time of birth) Nunciata Romano		Date Issued: 4-15-59	Date Orig. Entry:
	Date of Birth: April 29, 1896	Birth Place: Pocatello, Idaho	Full Name of Mother: ---	Name of Father: ---	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Barnum	nr Nancy Richards	April 27, 1959

FORM BH 56067 10M-11-57

APR 27 1950

363-227-019-947

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De59-491

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Elizabeth Cotter		2. Date of Birth (month) (day) (year): September 27 1896
	3. Color or Race: white	4. Sex: Female	5. Place of Birth a. County: ~~Lemhi~~ Custer; b. City or Town of Birth: (Huston) later Mackay, Ida.
FATHER	6. Full Name of Father: Abel Setliff Cotter		7. State or Country of Father's Birth: Missouri
MOTHER	8. Full Maiden Name of Mother: Rena Catherine Rugan		9. State or Country of Mother's Birth: Pennsylvania
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Elizabeth Plum	11. Present Address of Registrant: Leadore, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: April 12 1959	12. Signature of Notary: Paul Raymond	13. Notary Commission expires: Jan 10 1959

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: (age 70) Affidavit by friend since birth	By whom issued and signed: Ethel E. Shanafelt	Date Issued: 5-27-57	Date Orig. Entry:
	Date of Birth: Sept. 27, 1896 / Birth Place: Mackay, Idaho (then Huston)	Full Name of Mother: Rena Catherine Cotter, nee Rugan	Name of Father: Abel Setliff Cotter	
SUPPORTING RECORD 2.	Type of Document: own child's birth certificate	By whom issued and signed: Idaho #181451	Date Issued:	Date Orig. Entry: child born April 16, 1930
	Date of Birth: age 33 / Birth Place: Mackay, Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: Federal Census Record	By whom issued and signed: U. S. Bureau of the Census	Date Issued: 3-26-59	Date Orig. Entry: June 1, 1900
	Date of Birth: Sept. 1896 (age 3) / Birth Place: Idaho	Full Name of Mother: Rena Cotter	Name of Father: Abram Cotter	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
D W Ransom	nr Nancy Richards	June 5, 1959

FORM BH 56067 1-57 Rev'd

JUL 5 1959

JUN 30 1959

Type of Document	Date Issued	Date Filed
Certificate of Death	3-21-59	June 5, 1959

Date of Birth	Birth Place	
Feb 23	Redding, Calif.	

Name of Father	

Name of Mother (Maiden Name)		
Maria Teresa Gomez		

Name of Informant	
Mrs. Maria Gomez	

Name of Attendant	
Thomas Cochran	

Date Received	Date Filed
June 3, 1959	June 5, 1959

Date of Death	
May 31, 1959	

Place of Death	
Redding, Calif.	

Length of Residence at Place of Death	
33 yrs.	

Usual Residence	
Redding, Calif.	

Color or Race	Sex
White	Female

Married, Never Married, Widowed, or Divorced	
Married	

Date of Birth (or Age)	
Feb. 23, 1926	

Birthplace (State or Foreign Country)	
California	

Usual Occupation	
Housewife	

Kind of Business or Industry	
None	

Name of Husband	
Joseph Gomez	

Name of Father	
Joseph Gomez	

Birthplace of Father	
Portugal	

Maiden Name of Mother	
Maria Teresa Gomez	

Birthplace of Mother	
Portugal	

Informant's Mailing Address	
1240 Hilltop Drive, Redding, Calif.	

Informant's Relationship to Deceased	
Husband	

Date Signed by Informant	
June 3, 1959	

Signature of Informant	
Joseph Gomez	

Date Signed by Attendant	
June 3, 1959	

Signature of Attendant	
Thomas Cochran	

Date Received by Local Registrar	
June 3, 1959	

Signature of Local Registrar	
Florence Henderson	

Date Filed	
June 5, 1959	

Signature of Deputy	

Duration of Illness	
1 day	

Duration of Last Pregnancy	

Was Operation Performed for Any Condition Found?	

Was Autopsy Performed?	

Was Tissue Examination Made?	

Date of Injury	

Time of Injury	

Place of Injury	

How Injury occurred	

Was Injury Work Connected?	

Was Injury Fatal?	

Manner of Injury	

Certifier	

Date Certified	

Name of Physician	

Date Last Seen Alive	

Date Last Attended	

Date Last Visited	

Date Last Treated	

Date Last Prescribed	

Date Last Medicated	

Date Last Operated	

Date Last Autopsied	

Date Last Tissue Examined	

Date Last Delivered	

Date Last Pregnant	

Date Last Menstruated	

Date Last Worked	

Date Last Employed	

Date Last Injured	

Date Last Certified	

Date Last Examined	

Date Last Consulted	

Date Last Hospitalized	

Date Last Admitted	

Date Last Discharged	

Date Last Transferred	

Date Last Readmitted	

Date Last Redischarged	

Date Last Retrans

719-130-003-128

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De59-529

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: CHARLES LESTER GARDNER			2. Date of Birth (month) (day) (year): SEPTEMBER 30. 1896
	3. Color or Race: WHITE	4. Sex: MALE	5. Place of Birth a. County: BANNOCK	b. City or Town of Birth: POCATELLO
FATHER	6. Full Name of Father: CHARLES WILLIAM GARDNER			7. State or Country of Father's Birth: UTAH
MOTHER	8. Full Maiden Name of Mother: SARAH ANN ASHTON			9. State or Country of Mother's Birth: COLORADO
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Charles Lester Gardner		11. Present Address of Registrant: INKOM IDAHO
NOTARY (Seal)	Subscribed and sworn to before me on: May 23 1959	12. Signature of Notary: Grace Ashton		13. Notary Commission expires: July 20 1961

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Blessing Record	By whom issued and signed: Hyrum Smith, Patriarch, LDS Church Salt Lake City, Utah		Date Issued: 5-10-18	Date Orig. Entry: May 10, 1918
	Date of Birth: Sept. 30, 1896	Birth Place: Pocatello, Idaho	Full Name of Mother: Sarah Ann (Ashton) Gardner	Name of Father: Charles William Gardner	
SUPPORTING RECORD 2.	Type of Document: Honorable Discharge Record	By whom issued and signed: U. S. Army (Instrument No. 318473)		Date Issued: Discharged 5-24-19	Date Orig. Entry: enlisted May 10, 1918
	Date of Birth: enlisted age 21	Birth Place: Pocatello, Idaho	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 3.	Type of Document: own child's birth certificate	By whom issued and signed: Idaho #435096		Date Issued:	Date Orig. Entry: child born April 3, 1947
	Date of Birth: age 50	Birth Place: Pocatello, Idaho	Full Name of Mother: ----	Name of Father: ----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. M. Severn	mr Nancy Richards	June 17, 1959

FORM BH 56067

1 copy paid

JUN 17 1959

253-216-035-689

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De59-562

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Elizabeth Kettenbach		2. Date of Birth (month) 9 (day) 16 (year) 1896	
	3. Color or Race: White	4. Sex: female	5. Place of Birth a. County: Nez Perce	b. City or Town of Birth: Lewiston, Idaho
FATHER	6. Full Name of Father: William F. Kettenbach		7. State or Country of Father's Birth: Indiana	
MOTHER	8. Full Maiden Name of Mother: Mary White		9. State or Country of Mother's Birth: Washington	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Elizabeth Kettenbach SKuhara	11. Present Address of Registrant: 1217 - 3rd Street, Lewiston, Idaho	
NOTARY (Seal)	Subscribed and sworn to before me on: May 29 1959	12. Signature of Notary: [signature]	13. Notary Commission expires: 7/10 1961	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by father's cousin (age 86)	By whom issued and signed: Mae L. Salsberg (present at birth)	Date Issued: 5-29-59	Date Orig. Entry:
	Date of Birth: Sept. 16, 1896	Birth Place: Lewiston, Idaho	Full Name of Mother: Mary Kettenbach	Name of Father: William F. Kettenbach
SUPPORTING RECORD 2.	Type of Document: Statement re: birth notice in newspaper	By whom issued and signed: A. L. Alford, Mgr. Editor of "Lewiston Morning Tribune",	Date Issued: 5-27-59	Date Orig. Entry: published Sept. 19, 1896
	Date of Birth: Sept. 1896 ("Wed.")	Birth Place: --	Full Name of Mother: Lewiston, Ida.	Name of Father: William F. Kettenbach
SUPPORTING RECORD 3.	Type of Document: own child's birth certificate	By whom issued and signed: Idaho #134919	Date Issued:	Date Orig. Entry: child born Aug. 19, 1925
	Date of Birth: age 28	Birth Place: Lewiston, Idaho	Full Name of Mother: ----	Name of Father: ----
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. M. Barron	nr Nancy Richards	June 30, 1959

FORM BH 56067

1 copy paid

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

1. Name of child (First, middle, last)		2. Date of birth (month) (day) (year)	
3. Sex	4. Place of birth (county)	5. Color or race	6. Age at last birthday
female	Nez Perce		
7. Name of father		8. Birthplace of father	
William F. Hutchinson		Indiana	
9. Maiden name of mother		10. Birthplace of mother	
[illegible]		Washington	
11. Name and address of person having custody of child			

AFFIDAVIT

I, being duly sworn, depose and say that the above statements are true to the best of my knowledge and belief.

12. Signature of deponent

13. Relationship of deponent to child

SUBSCRIBED AND SWORN TO before me on

14. Date

15. Signature of officer

16. Title of officer

17. Name and address of witness

18. Name and address of witness

RECORD OF DOCUMENTARY EVIDENCE

19. Type of document	20. Date filed	21. Issued by	22. Date issued
Certificate of Baptism	5-27-39	Rev. Father Hutchinson	5-27-39
23. Type of document	24. Date filed	25. Issued by	26. Date issued

RECORD OF TESTIMONY

27. Name of witness	28. Residence	29. Date of birth	30. Place of birth
Mrs. Clara Bowers	Lewiston, Idaho	[illegible]	[illegible]
31. Name of witness	32. Residence	33. Date of birth	34. Place of birth

35. Testimony (Here set forth in detail the testimony of each witness as to the facts required to be established. Attach separate sheets if necessary.)

36. Remarks (Here set forth in detail any additional information or explanation which may be necessary to establish the facts required to be established. Attach separate sheets if necessary.)

37. Evidence (Here set forth in detail the documentary evidence submitted in support of the statements made in items 35 and 36. Attach separate sheets if necessary.)

38. Evidence (Here set forth in detail any documentary evidence which has been examined, but not submitted, and state why it was not submitted. Attach separate sheets if necessary.)

39. Evidence (Here set forth in detail any documentary evidence which has been requested, but not received, and state why it was not received. Attach separate sheets if necessary.)

40. Remarks (Here set forth in detail any additional information or explanation which may be necessary to establish the facts required to be established. Attach separate sheets if necessary.)

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100. Remarks (Here set forth in detail any additional information or explanation which may be necessary to establish the facts required to be established. Attach separate sheets if necessary.)

315-202-026-26

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De59-567
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Josephine Amelia Larson
2. Date of Birth: (month) January (day) 2 (year) 1896
3. Color or Race: white
4. Sex: female
5. Place of Birth: a. County Jefferson (formerly Fremont) b. City or Town of Birth Lake (Roberts (formerly Market

FATHER

6. Full Name of Father: Hans Martin Larson
7. State or Country of Father's Birth: Sweden

MOTHER

8. Full Maiden Name of Mother: Christine Elizabeth Swenson
9. State or Country of Mother's Birth: Sweden

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Josephine A. Poe
11. Present Address of Registrant: Route 2 Idaho Falls, Idaho

NOTARY (Seal)

Subscribed and sworn to before me on June 3 1959

12. Signature of Notary: Clerk Dist Court Eileen Madsen
13. Notary Commission expires: CLERK OF THE DISTRICT COURT TWELFTH JUDICIAL DISTRICT

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1. Class* B	Church Record--Blessing	Grant Ward Clerk LDS Church		Sept. 7, 1902
	Date of Birth: Jan. 2, 1896 — Birth Place: Jefferson Co. Roberts, Idaho	Full Name of Mother: Christine E. Swensen	Name of Father: Hans M. Larson	
SUPPORTING RECORD 2. Class B	Marriage Record	Silver Bow Co., Montana	6-8-59	Sept. 5, 1944
	Date of Birth: age 48 — Birth Place: Roberts, Idaho	Full Name of Mother: Elizabeth Swenson Larson	Name of Father: H. M. Larson	
SUPPORTING RECORD 3. Class B	own child's birth certificate	Idaho #331491		child born March 13, 1917
	Date of Birth: age 21 — Birth Place: Roberts, Idaho	Full Name of Mother: ---	Name of Father: ---	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. M. Benson	Nancy Richards	July 2, 1959

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

JUL 7

	2. Date of Birth	
	5. Place of Birth	
FATHER	8. Full Name of Father	9. State or Country of Father's Birth
MOTHER	10. Full Maiden Name of Mother	11. State or Country of Mother's Birth
ATTENDANT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	13. Usual address of Registrant
INFORMANT	12. Signature of Informant	
	14. Signature and address of person making record	15. Date Received

REGISTRAR	16. Date Registered	17. Registration No.
CERTIFICATION OF BIRTH	I hereby certify that the above is a true and correct copy of the record of birth as registered in this office.	
	Registrar	Date Issued

Class A Records are those made and on file before the Registrar's Office ...

Class B Records are those made after the Registrar's Office ...

Form 511M

342-215-003-493

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

Department of Public Health
Division of Vital Statistics
Boise, Idaho

State File No. De59-578
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: TEMPLE M. CUSICK		2. Date Of Birth: (month) OCT. (day) 15 (year) 1896	
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Bannock	b. City or Town of Birth: Pocatello
FATHER	6. Full Name of Father: JOHN J. CUSICK		7. State or Country of Father's Birth: USA (Pennsylvania)	
MOTHER	8. Full Maiden Name of Mother: ANTOINETTE MILLER		9. State or Country of Mother's Birth: USA (California)	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Temple M. Kammert	11. Present Address of Registrant: 8128 S. LAWRENCE AV CHICAGO 19 ILLINOIS	
NOTARY (Seal)	Subscribed and sworn to before me on: October 17 1958	12. Signature of Notary: Lucian M. Pope	13. Notary Commission expires: July 1 1962	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1. Class* B	Type of Document: Marriage Record	By whom issued and signed: County Clerk, Cook County, Chicago, Illinois	Date Issued: 7-17-57	Date Orig. Entry: Sept. 5, 1921	
	Date of Birth: age 24	Birth Place: ---	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 2. Class A (age 3)	Type of Document: Federal Census Record	By whom issued and signed: U. S. Bureau of The Census	Date Issued: 1-5-59	Date Orig. Entry: June 1, 1900	
	Date of Birth: Oct. 1896	Birth Place: Idaho	Full Name of Mother: Antoinette Cusick	Name of Father: John J. Cusick	
SUPPORTING RECORD 3. Class B	Type of Document: own child's birth certificate	By whom issued and signed: Illinois #8941	Date Issued:	Date Orig. Entry: child born March 10, 1923	
	Date of Birth: age 26	Birth Place: Pocatello, Idaho	Full Name of Mother: ---	Name of Father: ---	

QUALIFYING INFORMATION: Husband's employment record, Swift & Company; 11-14-58: born Oct. 15, 1896.

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. M. Jameson	nr Nancy Richards	July 9, 1959

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH #9067

DECLARED CERTIFICATE OF BIRTH

STATE OF IDAHO

1. NAME

2. DATE OF BIRTH

3. PLACE OF BIRTH

4. SEX

5. NUMBER OF CHILD IN BIRTH

6. DATE SIGNED

7. NAME OF PHYSICIAN OR ATTENDANT

8. ADDRESS

9. DATE FILED

10. REGISTRAR

11. COUNTY REGISTRAR

12. DATE ISSUED

13. CERTIFICATE NUMBER

14. SIGNATURE OF REGISTRAR

15. DATE SIGNED

16. SIGNATURE OF PHYSICIAN

17. DATE SIGNED

18. SIGNATURE OF WITNESS

19. DATE SIGNED

20. SIGNATURE OF WITNESS

21. DATE SIGNED

22. SIGNATURE OF WITNESS

23. DATE SIGNED

24. SIGNATURE OF WITNESS

25. DATE SIGNED

26. SIGNATURE OF WITNESS

27. DATE SIGNED

28. SIGNATURE OF WITNESS

29. DATE SIGNED

30. SIGNATURE OF WITNESS

31. DATE SIGNED

32. SIGNATURE OF WITNESS

33. DATE SIGNED

34. SIGNATURE OF WITNESS

35. DATE SIGNED

36. SIGNATURE OF WITNESS

37. DATE SIGNED

38. SIGNATURE OF WITNESS

39. DATE SIGNED

40. SIGNATURE OF WITNESS

41. DATE SIGNED

42. SIGNATURE OF WITNESS

43. DATE SIGNED

44. SIGNATURE OF WITNESS

45. DATE SIGNED

46. SIGNATURE OF WITNESS

47. DATE SIGNED

48. SIGNATURE OF WITNESS

49. DATE SIGNED

50. SIGNATURE OF WITNESS

51. DATE SIGNED

52. SIGNATURE OF WITNESS

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57. DATE SIGNED

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59. DATE SIGNED

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62. SIGNATURE OF WITNESS

63. DATE SIGNED

64. SIGNATURE OF WITNESS

65. DATE SIGNED

66. SIGNATURE OF WITNESS

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69. DATE SIGNED

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81. DATE SIGNED

82. SIGNATURE OF WITNESS

83. DATE SIGNED

84. SIGNATURE OF WITNESS

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86. SIGNATURE OF WITNESS

87. DATE SIGNED

88. SIGNATURE OF WITNESS

89. DATE SIGNED

90. SIGNATURE OF WITNESS

91. DATE SIGNED

92. SIGNATURE OF WITNESS

93. DATE SIGNED

94. SIGNATURE OF WITNESS

95. DATE SIGNED

96. SIGNATURE OF WITNESS

97. DATE SIGNED

98. SIGNATURE OF WITNESS

99. DATE SIGNED

100. SIGNATURE OF WITNESS

165-228-036-165

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 59-731

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Mary B Jones		2. Date Of Birth (month) July (day) 28 (year) 1896	
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Oneida	b. City or Town of Birth: St John Ida
FATHER	6. Full Name of Father: Thomas S Jones		7. State or Country of Father's Birth: Willard Utah	
MOTHER	8. Full Maiden Name of Mother: Rhoda Louise Jones		9. State or Country of Mother's Birth: Willard Utah	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Mary B Lykins	11. Present Address of Registrant: 294 W. 4500 S Ogden Utah	
NOTARY (Seal)	Subscribed and sworn to before me on: August 14, 1959	12. Signature of Notary: Harvey Schaefer	13. Notary Commission Expires: My Commission Expires Dec. 3, 1962	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: L. D. S. Church Certificate of Birth	By whom issued and signed: Recorded Malad Stake, 1908 Page 300, L.D.S. Church	Date Issued: Aug 25 1959	Date Orig. Entry: Entered on Record July 19, 1908	
	Date of Birth: July 28, 1896	Birth Place: St. John, Oneida Co., Idaho	Full Name of Mother: Rhoda Jones	Name of Father: Thomas S. Jones	
SUPPORTING RECORD 2.	Type of Document: Own child's birth certificate	By whom issued and signed: on file Idaho Vital Statistics #57707	Date Issued:	Date Orig. Entry: child born Oct 20, 1917	
	Date of Birth: age 21	Birth Place: Idaho	Full Name of Mother: --	Name of Father: --	
SUPPORTING RECORD 3.	Type of Document: Certified Copy Marriage Record	By whom issued and signed: Lawrence M. Malan, Clerk Weber County, Utah	Date Issued: Aug 4 1959	Date Orig. Entry: October 4, 1916	
	Date of Birth: age 20	Birth Place: --	Full Name of Mother: --	Name of Father: --	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: Joyce B. Foltz	Date Filed: Sept 3, 1959

FORM BH 56067

SEP 3 1958

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

335-222-001-165

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De59-784

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Hazel Emma Cleveland			2. Date Of Birth (month) June (day) 22 (year) 1896
	3. Color or Race: white	4. Sex: female	5. Place of Birth a. County: Ada	b. City or Town of Birth: Boise
FATHER	6. Full Name of Father: Walter Clinton Cleveland			7. State or Country of Father's Birth: Vermont
MOTHER	8. Full Maiden Name of Mother: Nettie Jones			9. State or Country of Mother's Birth: Vermont
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Hazel Cleveland Burnett		11. Present Address of Registrant: 5406 West 57th St Los Angeles 56, Calif
NOTARY (Seal)	Subscribed and sworn to before me on: Sept. 21 1959	12. Signature of Notary: Hazel L. Hurlbert		13. Notary Commission expires: Sept. 28 1960

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own child's birth certificate	By whom issued and signed: On file Vital Statistics #170192	Date Issued: --	Date Orig. Entry: Child born April 8, 1929
	Date of Birth: age 32	Birth Place: Boise, Idaho	Full Name of Mother: --	Name of Father: --
SUPPORTING RECORD 2.	Type of Document: Statement regarding school record	By whom issued and signed: Boise Senior High School L. A. Wood, Principal	Date Issued: Sept. 21, 1959	Date Orig. Entry: enrolled Sept. 4, 1913
	Date of Birth: June 22, 1896	Birth Place: Idaho	Full Name of Mother: --	Name of Father: W. C. Cleveland
SUPPORTING RECORD 3.	Type of Document: Affidavit by Family Physician, age 83	By whom issued and signed: Dr. Fred A. Pittenger	Date Issued: Sept. 21 1959	Date Orig. Entry: --
	Date of Birth: June 22, 1896	Birth Place: Boise, Idaho	Full Name of Mother: Nettie Jones	Name of Father: Walter Clinton Cleveland
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: la Lois Ayers	Date Filed: Sept. 21, 1959

FORM BH 56067

SEP 21 1959

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

864-120-022-193

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De59-837

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Mark Harold Young			2. Date Of Birth (month) Sept. (day) 20, (year) 1896	
	3. Color or Race: white	4. Sex: male	5. Place of Birth a. County: Lyman (Fremont)	b. City or Town of Birth: Lyman, Idaho, (Now Madis	
FATHER	6. Full Name of Father: William John Young			7. State or Country of Father's Birth: Island of Guernsey	
MOTHER	8. Full Maiden Name of Mother: Zilpah Rebbeca Archer, [redacted]			9. State or Country of Mother's Birth: England	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: MARK HAROLD YOUNG		11. Present Address of Registrant: Thornton, Idaho, RFD 1	
NOTARY (Seal)	Subscribed and sworn to before me on: June 20 1959	12. Signature of Notary: Henry Dietrich		13. Notary Commission expires: April 16 1959	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Church Record---Blessing	By whom Issued and signed: Archer Ward, Rexburg Stake LDS Church		Date Issued: 7-26-59	Date Orig. Entry: Dec. 6, 1896
	Date of Birth: Sept. 20, 1896	Birth Place: Fremont Co. Lyman, Idaho	Full Name of Mother: Zilpah R. Archer	Name of Father: William J. Young	
SUPPORTING RECORD 2.	Type of Document: Affidavit by nurse shortly after birth	By whom issued and signed: Mary Sharp Young, age 84		Date Issued: 9-15-59	Date Orig. Entry:
	Date of Birth: Sept. 20, 1896	Birth Place: Lyman, Idaho	Full Name of Mother: Zelpha Rebbeca Young	Name of Father: William John Young	
SUPPORTING RECORD 3.	Type of Document: Insurance Policy	By whom issued and signed: Gem State Mutual Life Assoc		Date Issued: 7-15-36	Date Orig. Entry: July 15, 1936
	Date of Birth: Sept. 20, 1896	Birth Place: Idaho	Full Name of Mother: ---	Name of Father: ---	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	nr Nancy Richards	Oct. 16, 1959

FORM BH 56067

1 Copy pd Receipt # 11538

DELAYED CERTIFICATE OF BIRTH

OCT. 16 1959

286-209-014-466

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De59-864

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Ida Ella Shorb
2. Date of Birth (month) (day) (year): January 9 1896
3. Color or Race: white
4. Sex: Female
5. Place of Birth a. County: Canyon
b. City or Town of Birth: Caldwell

FATHER

6. Full Name of Father: Cormac Joseph Shorb
7. State or Country of Father's Birth: Massiéon, Ohio

MOTHER

8. Full Maiden Name of Mother: Lilian Talitha Moore
9. State or Country of Mother's Birth: St. Paul, Minnesota

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Ida E. Fisher
11. Present Address of Registrant: P.O Box K-58 Salmon Idaho

NOTARY (Seal)

Subscribed and sworn to before me on: Oct 26 1959
12. Signature of Notary: Hazel L. Hurlbert
13. Notary Commission expires: Sept 28 1960

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document: Own Childs birth certificate
By whom issued and signed: --
Date Issued: --
Date Orig. Entry: child born Oct. 17, 1924
Date of Birth: age 28
Birth Place: Idaho
Full Name of Mother: --
Name of Father: --

SUPPORTING RECORD 2.

Type of Document: Family Bible record
By whom issued and signed: --
Date Issued: --
Date Orig. Entry: obviously old
Date of Birth: Jan. 9, 1896
Birth Place: Caldwell, Idaho
Full Name of Mother: Lilian Talitha Moore
Name of Father: Cormac Joseph Shorb

SUPPORTING RECORD 3.

Type of Document: Photo copy of application for Equitable Life Ins. Policy
By whom issued and signed: H. A. Day, President
Date Issued: --
Date Orig. Entry: Oct. 27, 1925
Date of Birth: Jan 9, 1896
Birth Place: Caldwell, Canyon Co., Idaho
Full Name of Mother: --
Name of Father: --

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: W. W. Benson
Evidence reviewed by: 1a Lois Ayers
Date Filed: Oct. 26, 1959

FORM BH 56067

OCT 27 1959

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

		Day of Birth: January 9	Year: 1896
	Ida Ella Shook		
	White	Female	
		Canyon	
			Caldwell
	Cyprus Joseph Shook		Mesaiden, Ohio
	Lillian Zeilba Moore		St. Paul, Minnesota
	1959		
			child born
	--		Oct. 17, 1924
	--		
	--		
	--		obviously old
	Family Bible record		
	Jan. 9, 1896 Caldwell, Idaho	Lillian Zeilba Moore	Cyprus Joseph Shook
	--	--	--
	Photo copy of application for Equitable Life Ins. Policy	W. A. Dye, President	Oct. 27, 1959
	Jan 9, 1896 Caldwell, Canyon Co., Idaho	--	--

I hereby certify that no prior birth certificate has been issued in the Division of Vital Statistics for this person and that documentary evidence has been reviewed which substantiates the facts as set forth in the foregoing affidavit.

H. W. Benson	Lois Ayers	Oct. 26, 1959
	16	

683-213-028-893

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De59-972
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Margaret Viola Wylie			2. Date of Birth (month) June (day) 13 (year) 1896	
	3. Color or Race: White	4. Sex: F.	5. Place of Birth a. County: Hauser Lake Kootenai	b. City or Town of Birth: Post Falls, Idaho.	
FATHER	6. Full Name of Father: William Lemuel Wylie			7. State or Country of Father's Birth: Ontario, Can.	
MOTHER	8. Full Maiden Name of Mother: Nettie May Hite			9. State or Country of Mother's Birth: Iowa	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Margaret Viola Wylie	11. Present Address of Registrant: Matsqui, B.C. Can.	
NOTARY (Seal)	Subscribed and sworn to before me on: Jan. 6th, 1958 19		12. Signature of Notary: L. M. Rollis, Mrs Margaret Viola Lightbourn	13. Notary Commission expires: 11/24/ 1958	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1. Class* B	Type of Document: Certificate of Baptism	By whom issued and signed: N. D. Keith--Minister. Presbyterian Church	Date Issued: 9/18/1911	Date Orig. Entry: Sept. 18, 1911	
	Date of Birth: June 13, 1896	Birth Place: Idaho	Full Name of Mother: Nettie May Wylie	Name of Father: William Lemuel Wylie	
SUPPORTING RECORD 2. Class B	Type of Document: Affidavit by uncle, age 71	By whom issued and signed: Elmer Hite	Date Issued: 1-6-58	Date Orig. Entry:	
	Date of Birth: June 13, 1896	Birth Place: Hauser Lake-Post Falls, Kootenai Co., Idaho	Full Name of Mother: Nettie May Hite	Name of Father: William Lemuel Wylie	
SUPPORTING RECORD 3. Class	Type of Document: Canadian Census Record	By whom issued and signed: Dominion Bureau of Statistics Ottawa, Canada	Date Issued: 10-14-59	Date Orig. Entry: June 24, 1906	
	Date of Birth: age 10	Birth Place: United States	Full Name of Mother: May Wylie	Name of Father: Wm. Wylie	
QUALIFYING INFORMATION					
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.				
	State Registrar: W. M. Benson	Evidence reviewed by: nr Nancy Richards	Date Filed: Nov. 27, 1959		

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067 1 copy

NOV 27

813-106-020-249

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De59-998

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Adin Burns Hall			2. Date Of Birth (month) April (day) 6 (year) 1896
	3. Color or Race: white	4. Sex: male	5. Place of Birth a. County: Elmore	b. City or Town of Birth: Mt. Home
FATHER	6. Full Name of Father: Adin M. D. Hall			7. State or Country of Father's Birth: York, New York
MOTHER	8. Full Maiden Name of Mother: Martha E. Burns			9. State or Country of Mother's Birth: Missouri
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Adin Burns Hall	11. Present Address of Registrant: Glenns Ferry Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: December 11 1959		12. Signature of Notary: Hazel L. Hurlbert.	13. Notary Commission expires: Sept. 28 1960

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Mother's application for membership in American War Mothers	By whom issued and signed: Martha E. Hall	Date Issued: Feb. 8, 1932	Date Orig. Entry: Feb. 8, 1932
	Date of Birth: April 6, 1896	Birth Place: Mountain Home, Elmore Co., Idaho	Full Name of Mother: Martha E. Hall	Name of Father: Adin M. Hall
SUPPORTING RECORD 2.	Type of Document: Honerable Discharge from the United States Army	By whom issued and signed: Wm. D. Barbee, commanding officer	Date Issued: Jan. 10, 1919	Date Orig. Entry: Jan. 10, 1919
	Date of Birth: Enlisted in 1917 age 21	Birth Place: Mountain Home, Ida.	Full Name of Mother: --	Name of Father: --
SUPPORTING RECORD 3.	Type of Document: Own child's birth certificate	By whom issued and signed: On file Vital Statistics #172748	Date Issued: --	Date Orig. Entry: child born June 23, 1929
	Date of Birth: age 33	Birth Place: Idaho	Full Name of Mother: --	Name of Father: --
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Lois Ayers	Dec. 11, 1959

FORM BH 56067

DEC 14 1959

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 865S-995

REGISTRAR'S
1. Registrar's Full Name or Stamp

2. Date (month) (day) (year) of birth: April 6 1896

CHILD
3. Color or Race: White
4. Sex: Male
5. Place of Birth: Elmore
6. City or Town of Birth: Mt. Home

FATHER
8. Full Name of Father: Adin M. D. Hall
7. State or Country of Father's Birth: York, New York

MOTHER
9. Full Maiden Name of Mother: Martha E. Burns
10. State or Country of Mother's Birth: Missouri

AFFIDAVIT
I hereby certify that I have given above the true and correct statements to the best of my knowledge and belief.
11. Signature of Applicant
12. Present Address of Applicant

NOTARY
Subscribed and sworn to before me on _____ 19__
13. Signature of Notary
14. Notary Commission expires _____ 19__

APPLICANT FOR THIS BIRTH CERTIFICATE
Relationship: Daughter
Purpose for which Birth Certificate is Required: Application for membership in American War Mothers
Date Issued: Feb. 8, 1932
Date Orig. Entry: Feb. 8, 1932

SUPPORTING RECORD 1
Name of Witness: Martha E. Hall
Name of Father: Adin M. Hall
Date Issued: Jan. 10, 1919
Date Orig. Entry: Jan. 10, 1919

SUPPORTING RECORD 2
Name of Witness: --
Name of Father: --
Date Issued: --
Date Orig. Entry: June 23, 1929

Name of Applicant: Adin Burns Hall
Relationship: white male
Place of Birth: Elmore
City or Town of Birth: Mt. Home
Name of Witness: Martha E. Hall
Name of Mother: Martha E. Burns
Name of Father: Adin M. Hall

Purpose: Application for membership in American War Mothers
Date of Birth: April 6, Mountain Home, Idaho
Place of Birth: 1896 Elmore Co., Idaho
Name of Witness: Martha E. Hall
Name of Mother: Martha E. Burns
Name of Father: Adin M. Hall

RECORD 1
Kind of Record: Honorable discharge from the United States Army
Issued by: Capt. B. Barbee, commanding officer
Date Issued: Jan. 10, 1919
Name of Witness: --
Name of Father: --

RECORD 2
Kind of Record: One child's birth certificate
Issued by: On file Vital Statistics #17193
Date Issued: --
Name of Witness: --
Name of Father: --

Date of Birth: age 23 Idaho
Date Issued: June 23, 1929
Date Orig. Entry: child born

CERTIFICATION
Signature of Registrar: K. N. Benson
Dates Reviewed by: Lois Ayers
Date Filed: Dec. 11, 1959

I hereby certify that no birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been received, which substantiates the facts as set forth in the foregoing abstract.

FORM BH 30043

553-205-040-816

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De60-196

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Clara Belle Nelson		2. Date Of Birth (month) June (day) 5 (year) 1896
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Shoshone; b. City or Town of Birth: Wallace
FATHER	6. Full Name of Father: Arthur E. Nelson		7. State or Country of Father's Birth: Minnesota
MOTHER	8. Full Maiden Name of Mother: Mary A. Hawley		9. State or Country of Mother's Birth: Iowa
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Clara B. Kleenble	11. Present Address of Registrant: Osburn Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: Feb 23 1960	12. Signature of Notary: Anna K. Bartsch	13. Notary Commission expires: Sep 2 1961

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by mother	By whom issued and signed: Mary A. Nelson	Date Issued: 2-26-60	Date Orig. Entry:	
	Date of Birth: June 5, 1896	Birth Place: Shoshone Co, Wallace, Idaho	Full Name of Mother: Mary A. Nelson	Name of Father: Arthur E. Nelson	
SUPPORTING RECORD 2.	Type of Document: Marriage Record	By whom issued and signed: Shoshone Co., Idaho	Date Issued: 2-24-60	Date Orig. Entry: Jan. 3, 1919	
	Date of Birth: age 22	Birth Place: ----	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 3.	Type of Document: Elector's Oath record	By whom issued and signed: Shoshone Co., Idaho	Date Issued: 2-26-60	Date Orig. Entry: June 9, 1926	
	Date of Birth: age 30	Birth Place: Idaho	Full Name of Mother: ----	Name of Father: ----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Barron	mr Nancy Richards	March 8, 1960

FORM BH 56067 2-17-60 1 copy paid

MAR 8 1968

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

-010-466

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De60-226

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Joseph Lionel Nelson			2. Date of Birth (month) March (day) 28 (year) 1896	
	3. Color or Race: white	4. Sex: male	5. Place of Birth a. County: Bonneville	b. City or Town of Birth: Shelton	
FATHER	6. Full Name of Father: Joseph Oscar Nelson			7. State or Country of Father's Birth: Utah	
MOTHER	8. Full Maiden Name of Mother: Hannah Downs			9. State or Country of Mother's Birth: England	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Joseph L. Nelson		11. Present Address of Registrant: 305 6th St., Idaho Falls, Idaho	
NOTARY (Seal)	Subscribed and sworn to before me on: March 11 19 60	12. Signature of Notary: [illegible]		13. Notary Commission expires: November 6 19 60	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Statement regarding church record	By whom issued and signed: LDS Church, Idaho Falls, Ida. E.A. Berrett, Clerk		Date Issued: Feb. 23, 1960	Date Orig. Entry: June 5, 1904
	Date of Birth: March 28, 1896	Birth Place: Shelton, Idaho	Full Name of Mother: Hannah Downs Nelson	Name of Father: Joseph Oscar Nelson	
SUPPORTING RECORD 2.	Type of Document: Own Child's birth Certificate	By whom issued and signed: On file Vital Statistics #178006		Date Issued: --	Date Orig. Entry: child born Jan. 24, 1930
	Date of Birth: age 33	Birth Place: Shelton, Ida.	Full Name of Mother: --	Name of Father: --	
SUPPORTING RECORD 3.	Type of Document: Insurance Policy #1000993	By whom issued and signed: Occidental Life Ins. Co. Los Angeles California		Date Issued: --	Date Orig. Entry: Nov. 26, 1939
	Date of Birth: March 28, 1896	Birth Place: --	Full Name of Mother: --	Name of Father: --	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: 1a Lois Ayers	Date Filed: March 14, 1960

FORM BH 56067

1 cOpy paid

MAR 15 1990

DECLARED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 90-229

CHILD	1. Name of Child (First, Middle, Last)		2. Date of Birth (Month)	(Day) (Year)
	Joseph James Nelson		March	24 1989
	3a. Sex	3b. Place of Birth (City)		3c. City or Town of Birth
	White Male	Twin Falls		Filer
FATHER	4. Full Name of Father		5. State or Country of Father's Birth	
	Joseph Roger Nelson		Idaho	
MOTHER	6. Full Maiden Name of Mother		7. State or Country of Mother's Birth	
	Dorothy Wise		Idaho	
AFFIDAVIT	Parents declare upon oath that the above statements are true to the best of my knowledge and belief.		8. Signature of Informant	9. Present Address of Informant 308 5th Ave. Twin Falls, Idaho
NOTARY	Subscribed and sworn to before me on		10. Signature of Notary	11. Notary Expiration Expires
	March 31, 1989			Notary Public 1990
REGISTRAR	12. Date Received by Registrar	13. Signature of Registrar		
	March 31, 1989	[illegible]		

CERTIFICATION OF BIRTH

I hereby certify that the above birth certificate has been issued in accordance with the provisions of Title 39, Chapter 2, Idaho Code, and that documentary evidence has been received, which establishes the facts as set forth in the above certificate.

Date Issued: March 31, 1989

[illegible]
Registrar

Date Filed: March 31, 1989

789-108-003-165

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De60-258

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Morgan Phillips			2. Date Of Birth: (month) March (day) 8 (year) 1896	
	3. Color or Race: W	4. Sex: M	5. Place of Birth a. County: Bannock	b. City or Town of Birth: Pocatello	
FATHER	6. Full Name of Father: Edward Phillips			7. State or Country of Father's Birth: Wales	
MOTHER	8. Full Maiden Name of Mother: Elizabeth Jones			9. State or Country of Mother's Birth: Utah	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Morgan Phillips	11. Present Address of Registrant: Inkom, Idaho	
NOTARY (Seal)	Subscribed and sworn to before me on: Feb. 2, 1960		12. Signature of Notary: H. Everett Anzon	13. Notary Commission expires: Sept. 1, 1960	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by person present at birth		By whom issued and signed: David Phillips, age 75	Date Issued: 2-24-60	Date Orig. Entry:
	Date of Birth: March 8, 1896	Birth Place: Pocatello, Idaho	Full Name of Mother: Elizabeth Jones	Name of Father: Edward Phillips	
SUPPORTING RECORD 2.	Type of Document: Honorable Discharge record		By whom issued and signed: U. S. Army	Date Issued: discharged 1-27-19	Date Orig. Entry: inducted July 26, 1918
	Date of Birth: enlistment age- 22 yrs.	Birth Place: Pocatello, Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: own child's birth certificate		By whom issued and signed: Idaho #244758	Date Issued:	Date Orig. Entry: child born June 3, 1936
	Date of Birth: age 40	Birth Place: Idaho	Full Name of Mother: ---	Name of Father: ---	
QUALIFYING INFORMATION					
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.				
	State Registrar: W. W. Benson		Evidence reviewed by: mr Nancy Richards		Date Filed: March 25, 1960

FORM BH 56067



296-130-006-168

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De60-330

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Edwin Henry Brown, Jr.
2. Date Of Birth (month) (day) (year): October 30, 1896
3. Color or Race: white
4. Sex: Male
5. Place of Birth a. County: Bingham (now Bonneville)
b. City or Town of Birth: Shelton, Idaho

FATHER

6. Full Name of Father: Edwin Henry Brown
7. State or Country of Father's Birth: Utah

MOTHER

8. Full Maiden Name of Mother: Minnie Johnson
9. State or Country of Mother's Birth: Utah

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Edwin H Brown Jr
11. Present Address of Registrant: 1457 Minnie Ave Idaho Falls Idaho

NOTARY (Seal)

Subscribed and sworn to before me on: March 31, 1960

12. Signature of Notary: Lloyd L. Brown

13. Notary Commission expires: March 22, 1963

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Certificate of Ordination	Shelton Ward LDS Church	1-22-09	baptized Oct. 30, 1904

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Oct. 30, 1896	Shelton, Idaho	Minnie Johnson	Edwin H. Brown

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Affidavit by Uncle- Age 86	Frank L. Brown	March 31, 1960	--

Date of Birth	Birth Place	Full Name of Mother	Name of Father
October 30 1896	Shelton, Idaho Bingham(now Bonneville co.)	Minnie Johnson Brown	Edwin H. Brown Sr.

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Membership Statement	Local Union No. 609 Idaho Falls, Idaho		July 10, 1942

Date of Birth	Birth Place	Full Name of Mother	Name of Father
October 30, 1896	----	--	--

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	nr Joyce B. Foltz	April 14, 1960

FORM BH 56067

1 copy paid

APR 15 1960

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

CHILD	1. Name at birth: None at birth 2. Date of birth: October 29, 1956
	3. Sex: White 4. Place of birth: Ridgeview (now Sompaville) 5. County of birth: Shelton, Idaho
FATHER	6. Full name of father 7. State or country of father's birth
MOTHER	8. Full maiden name of mother 9. State or country of mother's birth
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. 10. Signature of Registrant 11. Post office address of affiant
NOTARY (Seal)	Subscribed and sworn to before me on 12. Signature of Notary 13. Post office address of notary March 21, 1960

DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD A	Type of document: Certificate of Baptism	By whom issued or signed: Shelton Church	Date issued: 3-22-59
SUPPORTING RECORD B	Type of document: Affidavit by Uncle Jno Ro	By whom issued or signed: Frank L. Brown	Date issued: March 21, 1960
SUPPORTING RECORD C	Type of document: Certificate of Birth	By whom issued or signed: Mildred Coleman Brown	Date issued: July 10, 1960
SUPPORTING RECORD D	Type of document: Affidavit Statement	By whom issued or signed: Doctor's Statement	Date issued: April 14, 1960

REGISTRAR'S CERTIFICATION	I hereby certify that a prior birth certificate has been found in the division of Vital Statistics for this registration and that documentary evidence has been received, which authenticates the facts as set forth in the foregoing statement.
	Signature of Registrar: [illegible] Date Filed: April 14, 1960

695-101-004-25

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

Department of Public Health
Division of Vital Statistics
Boise, Idaho

State File No. De60-387
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Russell Alfred Findlay		2. Date Of Birth (month) (day) (year): December 1 1896
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Paris, Idaho BearLake; b. City or Town of Birth: Paris
FATHER	6. Full Name of Father: Arthur Smith Findlay		7. State or Country of Father's Birth: Idaho
MOTHER	8. Full Maiden Name of Mother: Annie Elizabeth Kearl		9. State or Country of Mother's Birth: Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Russell Alfred Findlay	11. Present Address of Registrant: Box 364 Kemmerer, Wyo.
NOTARY (Seal) My Commission Expires January 14, 1955	Subscribed and sworn to before me on: APR 9 1953 19____	12. Signature of Notary: Gladys Neil	13. Notary Commission expires: ____ 19____

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1. Class*____	Type of Document: Church Record--Baptism		By whom issued and signed: LDS Church Salt Lake City, Utah	Date Issued: 11-10-59	Date Orig. Entry: July 26, 1902
	Date of Birth: Dec. 1, 1896	Birth Place: Paris, Idaho	Full Name of Mother: Annie E. Kearl	Name of Father: Arthur S. Findlay	
SUPPORTING RECORD 2. Class____	Type of Document: Employment Record		By whom issued and signed: Union Pacific Railroad Co. Pocatello, Idaho	Date Issued: 1-22-60	Date Orig. Entry: Nov. 24, 1922
	Date of Birth: Dec. 1, 1896	Birth Place: Paris, Idaho	Full Name of Mother: Mrs. Annie Findlay	Name of Father: ---	
SUPPORTING RECORD 3. Class____	Type of Document: photostatic copy application for Social Security Account Number		By whom issued and signed: Carrier employee Registration Form CER-1	Date Issued: ---	Date Orig. Entry: Jan 4, 1937
	Date of Birth: Dec. 1, 1896	Birth Place: Paris, Idaho Bear Lake county	Full Name of Mother: Annie Kearl	Name of Father: Arthur Sidney Findlay	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	nr Joyce B. Foltz	May 10, 1960

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

1 cp pd-

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

MAY 11 1950

REGISTRAR'S NUMBER

1. Registrant's full name at birth

2. Date of birth (month) (day) (year)

3. Color or race

4. Sex

5. Place of birth (county)

6. Full Name of Father

7. State or Country of Father's Birth

CHILD

MOTHER

8. Full Maiden Name of Mother

9. State or Country of Mother's Birth

AFFIDAVIT

I hereby declare upon oath that the statements above are true to the best of my knowledge and belief.

10. Signature of Registrant

11. Present Address of Registrant

Subscribed and sworn to before me on

12. Signature of Notary

13. Notary Commission expires

SUPPORTING RECORD 1

Type of Document

Birth Record--Medical

By whom issued and signed

Date issued

Date Orig. Entry

1-20-50

Date of Birth

Birth Place

Full Name of Mother

Name of Father

SUPPORTING RECORD 2

Type of Document

Employment Record

By whom issued and signed

Date issued

Date Orig. Entry

1-20-50

Nov. 24, 1922

Date of Birth

Birth Place

Full Name of Mother

Name of Father

SUPPORTING RECORD 3

Type of Document

Photostatic copy application for Social Security Number

By whom issued and signed

Earlier employee Registration Form OSM-1

Date issued

Date Orig. Entry

Jan. 4, 1937

Class

Date of Birth

1900

Birth Place

Bear Lake County Paris, Idaho

Full Name of Mother

Amie Karl

Name of Father

Arthur Sidney Findlay

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION

I hereby certify that no other birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed which substantiates the facts as set forth in the registrant's affidavit.

(Seal)

State Registrar

Evidence reviewed by

Date Filed

W. N. Benson

Jerome F. Coffin

May 10, 1950

*Class A Records are those made and duly filed before the registrant's fourth birthday.
Class B Records are those made after the fourth birthday and at or before 5 years.

719-124-016-819

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De60-414

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Asel Bryan Parish
2. Date of Birth: August 24, 1896
3. Color or Race: White
4. Sex: Male
5. Place of Birth: a. County: Cassia; b. City or Town of Birth: Elba

FATHER

6. Full Name of Father: Robert Henry Parish
7. State or Country of Father's Birth: England

MOTHER

8. Full Maiden Name of Mother: Martha Ellen Hardy
9. State or Country of Mother's Birth: Utah

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Asel Bryan Parish
11. Present Address of Registrant: 721 E Main Burley Ida

NOTARY (Seal)

Subscribed and sworn to before me on April 27th 1960
12. Signature of Notary: J. A. Parsons
13. Notary Commission expires: July 10th 1962

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Copy of Church Record of Membership	L.D.S. Church, Salt Lake City, Utah. Ella D. Jack, Custodian of records	Feb 29, 1960	Baptized Oct. 2, 1904

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Aug 24, 1896	Elba, Idaho	Martha Hardy	Robert H. Parish

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
application for Life Insurance	New York Life Insurance Co.	---	Sept 14, 1950

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Aug. 24, 1896	Elba, Idaho	----	----

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Statement re. Marriage License	Frank B. Kearns, Cassia Co. Recorder, Burley, Idaho	----	license issued Sept 28, 1917

Date of Birth	Birth Place	Full Name of Mother	Name of Father
age 21	---	---	---

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	bf Joyce B. Foltz	May 18, 1960

FORM BH 56067

MAY 18 1900

239-116-030-349

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De60-420

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Eldo Stroud			2. Date Of Birth (month) Aug (day) 16, (year) 1896
	3. Color or Race: White	4. Sex: M	5. Place of Birth a. County: Junction, Lemhi	b. City or Town of Birth: 4 miles from Junction
FATHER	6. Full Name of Father: John D. Staud (Stroud)			7. State or Country of Father's Birth: Illinois
MOTHER	8. Full Maiden Name of Mother: Virginia B. Tarmon			9. State or Country of Mother's Birth: Illinois
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Eldo Stroud		11. Present Address of Registrant: Armstead, Mont.
NOTARY (Seal) 1-10-63	Subscribed and sworn to before me on: April 9 1960	12. Signature of Notary: Paul Raymond		13. Notary Commission expires: Jan 10 1963

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own child's birth certificate	By whom issued and signed: Idaho #147358	Date Issued: ---	Date Orig. Entry: child born Nov 12, 1926	
	Date of Birth: age 30	Birth Place: Junction, Idaho	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 2.	Type of Document: Affidavit by person present at time of birth	By whom issued and signed: Mary Tobias, age 92	Date Issued: April 8, 1960	Date Orig. Entry: ---	
	Date of Birth: Aug 16, 1896	Birth Place: Junction, Idaho	Full Name of Mother: Virginia B. Stroud	Name of Father: John D. Stroud	
SUPPORTING RECORD 3.	Type of Document: Statement re. Election Register-Lemhi co.	By whom issued and signed: T.H.Ball, Clerk of Dist. Court Lemhi County, Idaho	Date Issued: April 6, 1960	Date Orig. Entry: Oct 23, 1926	
	Date of Birth: age 30	Birth Place: Idaho	Full Name of Mother: ----	Name of Father: ----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Joyce B. Foltz	May 18, 1960

FORM BH 56067 3-31-60

MAY 18 1960

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

249-210-007-264

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De60-427

REGISTRANT (Person whose birth is being registered)

1. Registrant's Full Name at Birth: Florence Anna Burstedt
2. Date of Birth (month) (day) (year): Sept 10 1896
3. Color or Race: White
4. Sex: Female
5. Place of Birth: a. County: Idaho — Blaine; b. City or Town of Birth: Moore

FATHER

6. Full Name of Father: Peter Burstedt
7. State or Country of Father's Birth: Umea, Sweden

MOTHER

8. Full Maiden Name of Mother: Mathilda Sodermark
9. State or Country of Mother's Birth: Umea, Sweden

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Mrs. Harold Aten
11. Present Address of Registrant: 149 Bel Aire Dr San Jose Calif

NOTARY (Seal)

Subscribed and sworn to before me on February 27, 1960

12. Signature of Notary: J.C. Pezzaglia
13. Notary Commission expires: My Commission Expires Sept. 25, 1962

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	own child's birth certificate	Idaho #130058		child born March 4, 1925
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	age 28 / Moore, Idaho	—	—	
SUPPORTING RECORD 2.	Affidavit by neighbor at time of birth, who also taught her in school in 1900	Elma F. Whitten	3-10-60	
	Sept. 10, 1896 / Moore, Idaho	Mathilda Sodermark	Peter Burstedt	
SUPPORTING RECORD 3.	certified copy of Marriage certificate	T.W. Fitzsimmons, Co. Recorder Alameda Co., California	April 28, 1960	May 2, 1946
	age 49 / Idaho	Mathilda Sodermark	Peter Burstedt	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	mr Joyce B. Foltz	May 18, 1960

FORM BH 56067 2-3-60

MAY 19 1966

796-221-028-893

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De60-556

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Gertrude Agnes Groves
2. Date Of Birth: (month) July (day) 21 (year) 1896
3. Color or Race: Cau.
4. Sex: F.
5. Place of Birth: a. County: Coeur d'Alene Kootenai
   b. City or Town of Birth: Coeur d'Alene Idaho.

FATHER

6. Full Name of Father: George W. Groves
7. State or Country of Father's Birth: Illinois

MOTHER

8. Full Maiden Name of Mother: Margaret Hickey
9. State or Country of Mother's Birth: Georgia

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Gertrude Groves Dawson
11. Present Address of Registrant: Coeur d'Alene Ida.

NOTARY (Seal)

Subscribed and sworn to before me on: June 14 1960

12. Signature of Notary: Wanda B. Downing
13. Notary Commission expires: Apr 1 ST 1962

APPLICANT—DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	certificate of baptism	Roman Catholic Church, Coeur d'Alene, Idaho, J.J.Elliott	Feb. 22, 1955	baptized Feb. 25, 1897
	Date of Birth July 21, 1896	**Birth Place** Coeur d'Alene, Ida.	**Full Name of Mother** Margaret Hickey	**Name of Father** George Groves
SUPPORTING RECORD 2.	affidavit by mother	Margaret Groves	May 26, 1960	---
	Date of Birth July 21, 1896	**Birth Place** Coeur d'Alene, Ida.	**Full Name of Mother** Margaret Groves	**Name of Father** ------
SUPPORTING RECORD 3.	own child's birth certificate	Idaho #17234 9	---	child born June 20, 1929
	Date of Birth age 32	**Birth Place** Coeur d'Alene, Idaho	**Full Name of Mother** ----	**Name of Father** ---

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Penny Patterson pp	June 23, 1960

FORM BH 56067

5 31 61

Dawson

JUN 23 1999

168-223-020-866

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De60-621

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Ella Retta Johnson
2. Date of Birth (month) (day) (year): July 23 1896
3. Color or Race: White
4. Sex: Female
5. Place of Birth a. County: Pine Ida. Elmore
b. City or Town of Birth: Pine Idaho

FATHER

6. Full Name of Father: John Nelson Johnson
7. State or Country of Father's Birth: Missouri-Joplin Co.

MOTHER

8. Full Maiden Name of Mother: Amanda Caroline Howard
9. State or Country of Mother's Birth: Indiana-Martinsville Co.

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Ella R Hyde
11. Present Address of Registrant: 2302 Smith St

NOTARY (Seal)

Subscribed and sworn to before me on: July 12 1960
12. Signature of Notary: Shirley L. McMurtrey
13. Notary Commission expires: 4-12 1963

APPLICANT — DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Affidavit by brother	Henry B. Johnson	--	June 23, 1960
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	July 23, 1896 / Pine, Idaho	Amanda Caroline Howard	John Nelson Johnson	
SUPPORTING RECORD 2.	Own child's birth certificate	On file Vital Statistics #220666	--	child born April 14, 1934
	age 37 / Pine, Idaho	--	--	
SUPPORTING RECORD 3.	Statement regarding hospital record	St. Luke's Hospital Boise, Idaho	July 12, 1960	Aug. 1941
	age 45 / --	--	--	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Lois Ayers	July 12, 1960

FORM BH 56067

JUL 14 1960

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 1961-021

REGISTERED

1. Registered (Month, Day and Year)

2. Date of Birth

3. Sex

4. Place of Birth

5. State or Country of Mother's Birth

6. State or Country of Father's Birth

AFFIDAVIT

I, [illegible], do hereby certify that the facts stated in this certificate are true to the best of my knowledge and belief.

7. Signature of Applicant

8. Mailing Address of Applicant

NOTARY (complete)

Subscribed and sworn to before me on

9. Signature of Notary

10. Notary Commission Expires

SUPPORTING RECORD 1

Type of Document

Delayed by Mother

Filed 23

Date Issued

June 23, 1960

SUPPORTING RECORD 2

Type of Document

Birth certificate

Date of Birth

Age 37

Place of Birth

Ibo, Idaho

Date Issued

April 15, 1960

SUPPORTING RECORD 3

Type of Document

Statement regarding hospital record

Date of Birth

Date Issued

--

SUPPORTING RECORD 4

Type of Document

--

Date of Birth

--

Date Issued

--

--- TO BE WRITTEN BELOW THIS LINE ---

By whom issued and signed

Henry L. Jobson

Full Name of Mother

Amanda Dorothy Howard

On File: Vital Statistics

Full Name of Father

--

By whom issued and signed

St. Luke's Hospital

Boise, Idaho

Full Name of Mother

--

REGISTRAR'S CERTIFICATION

I hereby certify that no prior birth certificate has been on file in the Division of Vital Statistics for this person and that documentary evidence has been presented which substantiates the facts as set forth in the foregoing statement.

Registrar

W. V. Benson

Evidence received by

Doris Ayers

Date Filed

July 12, 1960

437-220-025-135

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De60-724

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Pearl Charlatte McPherson
2. Date Of Birth (month) (day) (year): 8 — 20 — 1896
3. Color or Race: White
4. Sex: Female
5. Place of Birth: a. County: Idaho; b. City or Town of Birth: Denver

FATHER

6. Full Name of Father: Eugene Elmer McPherson
7. State or Country of Father's Birth: Minnesota

MOTHER

8. Full Maiden Name of Mother: Charlatte Viola Alexander
9. State or Country of Mother's Birth: Iowa

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Pearl C. Nettleton
11. Present Address of Registrant: Vancouver, Wash. 3704-6 Evergreen Blvd.

NOTARY (Seal)

Subscribed and sworn to before me on: June 27 1960
12. Signature of Notary: M. McKilpatrick
13. Notary Commission expires: Jan 10 1964

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: affidavit by mother	By whom issued and signed: Charlotte V. McPherson	Date Issued: June 6, 1960	Date Orig. Entry: ----	
	Date of Birth: Aug. 20, 1896	Birth Place: Idaho County Denver, Idaho	Full Name of Mother: Charlotte V. Alexander	Name of Father: Eugene E. McPherson	
SUPPORTING RECORD 2.	Type of Document: statement regarding school record	By whom issued and signed: Garfield County Schools, Wash. A.L. Cabbage, Supt.	Date Issued: June 6, 1960	Date Orig. Entry: school census 1912	
	Date of Birth: Aug. 20, 1896	Birth Place: ----	Full Name of Mother: ----	Name of Father: E.E. McPherson	
SUPPORTING RECORD 3.	Type of Document: statement regarding insurance policy #36598	By whom issued and signed: Northern Life Insurance Co. Seattle, Wash. M.W. Peek, Supvr.	Date Issued: Aug. 2, 1960	Date Orig. Entry: applied May 27, 1920	
	Date of Birth: Aug. 20, 1896	Birth Place: Denver, Idaho	Full Name of Mother: ----	Name of Father: ----	

QUALIFYING INFORMATION

statement regarding hospital records issued by Vancouver Memorial Hospital, Inc. Vancouver, Washington, issued June 9, 1960, admitted July 22, 1940 at age 43.
Jessie E. Robinson, Medical Records Librarian

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W.M. Benson	PP Penny Patterson	Aug. 18, 1960

FORM BH 56067

5-13-60 one copy paid #02074

6-29-60

DEPARTMENT OF HEALTH

STATE OF IDAHO

AUG 19 1980

553-17-003-154

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De60-784

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Earl Russell Nelson			2. Date Of Birth: (month) 10 (day) 17 (year) 1896
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Idaho - Bannock	b. City or Town of Birth: Pocatello
FATHER	6. Full Name of Father: Albert Aberg Nelson			7. State or Country of Father's Birth: Sweden
MOTHER	8. Full Maiden Name of Mother: Emma Louise Anderson			9. State or Country of Mother's Birth: Iowa, U.S.A.
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Earl Russell Nelson		11. Present Address of Registrant: 179-E. 23rd
NOTARY (Seal)	Subscribed and sworn to before me on: April 20 1957	12. Signature of Notary: Venette J. Foltz		13. Notary Commission expires: September 1957

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Honorable Discharge	By whom issued and signed: U. S. Army	Date Issued: discharged 8-13-19	Date Orig. Entry: enlisted June 4, 1918
	Date of Birth: age 21-8/12	Birth Place: Pocatello, Idaho	Full Name of Mother: ---	Name of Father: ---
SUPPORTING RECORD 2.	Type of Document: photocopy of application for insurance policy	By whom issued and signed: New York Life Insurance Co.	Date Issued: -----	Date Orig. Entry: May 28, 1920
	Date of Birth: Oct.17,1896	Birth Place: Pocatello, Idaho	Full Name of Mother: ------	Name of Father: ------
SUPPORTING RECORD 3.	Type of Document: census record	By whom issued and signed: U.S. Dept. of Commerce Bureau of the Census	Date Issued: Sept.1,1960	Date Orig. Entry: census of June 1, 1900
	Date of Birth: Oct. 1896	Birth Place: Idaho	Full Name of Mother: Emma L. Nelson	Name of Father: Albert A. Nelson
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: nr Penny L. Wing	Date Filed: Sept. 7, 1960

FORM BH 56067

SEP 8 1960

249-211-040-249

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De60-816
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Myrtle Belle Smith			2. Date of Birth (month) Nov. (day) 11 (year) 1896	
	3. Color or Race: Anglo-Saxon White	4. Sex: female	5. Place of Birth: Idaho, a. County: Shoshone	b. City or Town of Birth: Murray	
FATHER	6. Full Name of Father: Andrew Thornton Smith			7. State or Country of Father's Birth: Oskaloosa, Iowa	
MOTHER	8. Full Maiden Name of Mother: Alice Rosetta Burton			9. State or Country of Mother's Birth: Wisconsin, Turtle Town, Rock Co.	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Myrtle Belle Goldsby		11. Present Address of Registrant: Portland 12, Oregon 3949 N. E. Garfield Ave.	
NOTARY (Seal)	Subscribed and sworn to before me on May 23 1958	12. Signature of Notary		13. Notary Commission expires May 23 1958	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by mother	By whom issued and signed: Alice Rosetta Fahland (now)		Date Issued: 7-8-58	Date Orig. Entry:
Class*	Date of Birth: Nov. 11, 1896	Birth Place: Shoshone Co. Murray, Idaho	Full Name of Mother: Alice Rosetta Smith	Name of Father: Andrew Thornton Smith	
SUPPORTING RECORD 2.	Type of Document: certified copy of marriage license affidavit	By whom issued and signed: Skamania County Wash, Evelyn O'Neal, county auditor		Date Issued: Oct. 23, 1959	Date Orig. Entry: April 19, 1941
Class	Date of Birth: age 44	Birth Place: Murray, Idaho	Full Name of Mother: -----	Name of Father: ---- -	
SUPPORTING RECORD 3.	Type of Document: photocopy of pages from "History of North Idaho"	By whom issued and signed: Western Historical Publishing Co., Boise Public Library		Date Issued: Oct. 31, 1959	Date Orig. Entry: published 1903
Class	Date of Birth: Nov. 11, 1896	Birth Place: -----	Full Name of Mother: Alice R. Burton	Name of Father: Andrew T. Smith	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Barnum	Evidence reviewed by: nr Penny L. Wing	Date Filed: Sept. 19, 1960

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

SEP 22 1960

545405.044-292

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De60-818

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Billie William Emery			2. Date of Birth (month) (day) (year): February 5 1896	
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Washington (now Adams)	b. City or Town of Birth: Wildhorse, Idaho	
FATHER	6. Full Name of Father: Edward Lincoln Emery			7. State or Country of Father's Birth: Missouri	
MOTHER	8. Full Maiden Name of Mother: Mary C. Bisbee			9. State or Country of Mother's Birth: Some Place in Michigan	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Billie W Emery	11. Present Address of Registrant: —	
NOTARY (Seal)	Subscribed and sworn to before me on: January 4, 1960		12. Signature of Notary: Hope Benson	13. Notary Commission expires: January 30, 1962	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by child of midwife, age 15 at time of this birth (present at birth),	By whom issued and signed: Floyd Lewis Bailey	Date Issued: 2-7-59	Date Orig. Entry:	
	Date of Birth: Feb. 1896 (day-perhaps 5th)	Birth Place: Wild Horse, Idaho Washington Co. (now Adams Co.),	Full Name of Mother: Mary Carline Bisbee	Name of Father: Edward Lincoln Emery	
SUPPORTING RECORD 2.	Type of Document: photocopy of application for social security number	By whom issued and signed: Mutual Benefit Health and Accident Assn.	Date Issued: -----	Date Orig. Entry: Oct. 19, 1946	
	Date of Birth: Feb. 5, 1896	Birth Place: Wildhorse, Idaho	Full Name of Mother: ----	Name of Father: ------	
SUPPORTING RECORD 3.	Type of Document: statement regarding voting records	By whom issued and signed: Anna F. Schwartz, Adams Co. auditor, Wildhorse Precinct	Date Issued: May 5, 1960	Date Orig. Entry: registered 1926	
	Date of Birth: age 30	Birth Place: Idaho	Full Name of Mother: ***---	Name of Father: ------	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W H Benson	mr Penny L. Wing	Sept. 19, 1960

FORM BH 56067

SEP 20 1950

689-118-022-318

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De60-882
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Lee Layman White
2. Date Of Birth: (month) 11 (day) 18 (year) 1896
3. Color or Race: white
4. Sex: male
5. Place of Birth: a. County: Plano (Rexburg,) Fremont; b. City or Town of Birth: Rexburg

FATHER

6. Full Name of Father: Thomas Reed White
7. State or Country of Father's Birth: Salt Lake City, Utah

MOTHER

8. Full Maiden Name of Mother: Betty Annie Layman
9. State or Country of Mother's Birth: Eynne(Ogden) Utah

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Lee L White
11. Present Address of Registrant: R # Rexburg Idaho

NOTARY (Seal)

Subscribed and sworn to before me on: September 20 1960
12. Signature of Notary: Kay W. Rigby
13. Notary Commission expires: January 26 1962

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document: affidavit by sister
By whom issued and signed: Clara White Peterson age 76
Date Issued: Sept. 20 1960
Date Orig. Entry: -----
Date of Birth: Nov. 18, 1896
Birth Place: Plano Precinct, Fremont Co, Idaho
Full Name of Mother: Betty Annie Layman
Name of Father: Thomas Reed White
Class*:

SUPPORTING RECORD 2.

Type of Document: Certificate of Baptism and Confirmation
By whom issued and signed: LDS Church, Plano Ward, Clair Blaser, ward clerk
Date Issued: June 9, 1940
Date Orig. Entry: baptized March 2, 1940
Date of Birth: Nov. 18, 1896
Birth Place: Madison County Plano, Idaho
Full Name of Mother: Betty Ann Layman
Name of Father: Thomas Reed White
Class:

SUPPORTING RECORD 3.

Type of Document: own child's birth certificate
By whom issued and signed: Idaho #115580
Date Issued: Apr. 9, 1942
Date Orig. Entry: child born Aug. 29, 1923
Date of Birth: age 26
Birth Place: Plano, Idaho
Full Name of Mother: ----
Name of Father: ----
Class:

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: W W Benson
Evidence reviewed by: Penny L. Wing
Date Filed: Oct. 11, 1960

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH

STATE OF UTAH

OCT 11 1960

REGISTRAR

1. Registrant's Full Name at Birth

Lee Layman Wolfe

2. Date of Birth (Month) (Day) (Year)

3. Sex

Male

4. Place of Birth (Town) (County)

Jerome (Hexburg)

5. City or Town of Birth

Hexburg

6. State or Country of Father's Birth

Salt Lake City, Utah

7. State or Country of Mother's Birth

Provo (Hexburg) Utah

8. Full Name of Father

Eugene Loyal Wolfe

9. Maiden Name of Mother

Amelia Layman

10. Affidavit

Evidence satisfactory upon oath that the [illegible] are true to the best of [illegible] knowledge and belief.

11. Signature of Applicant

12. Present Address of Applicant

NOTARY

Subscribed and sworn to before me on [illegible]

13. Signature of Notary

14. Notary Completes Either

SUPPORTING RECORD

Type of Document

By whom signed

Full Name of Mother

Full Name of Father

Date Issued

Date Orig. Entry

SUPPORTING RECORD

Type of Document

By whom signed

Full Name of Mother

Full Name of Father

Date Issued

Date Orig. Entry

REGISTRAR'S ACTION

Evidence received by

Date Filed

I certify that the above is a true and correct statement of the facts as they appear on the birth record of the person named herein.

State Registrar

165-215-016-791

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De60-1002

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Nora Alice Jones
2. Date of Birth (month) (day) (year): March 15, 1896
3. Color or Race: White
4. Sex: Female
5. Place of Birth a. County: Cassia Co. (now Twin Falls)
b. City or Town of Birth: Rock Creek, Idaho

FATHER

6. Full Name of Father: Henry Jones
7. State or Country of Father's Birth: Missouri

MOTHER

8. Full Maiden Name of Mother: ~~Mrs.~~ Wilmoth Gray
9. State or Country of Mother's Birth: Montana

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Nora A. Fear
11. Present Address of Registrant: Box 72 Gardnerville, Nevada

NOTARY (Seal)

Subscribed and sworn to before me on: November 17 1959
12. Signature of Notary: Theresa Minchin
13. Notary Commission expires: July 22nd 1962

APPLICANT — DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Baptismal Certificate	James O. Bradford, Minister Kimberly Christian Church		Jan. 18, 1948
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	March 15, 1896 / ---	---	---	
SUPPORTING RECORD 2.	Type of Document: own child's birth certificate	By whom issued and signed: Idaho #33892	Date Issued	Date Orig. Entry: child born Sept. 2, 1915
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	age 19 / Rock Creek, Idaho	---	---	
SUPPORTING RECORD 3.	Type of Document: affidavit by friend of family at time of birth	By whom issued and signed: Lars P. Larsen age 78	Date Issued: Nov. 11, 1960	Date Orig. Entry: -----
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	Mar. 15, 1896 / Rock Creek, Idaho	Wilmoth Gray	Henry Jones	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Barron	mr Penny L. Wing	Nov. 15, 1960

FORM BH 56067

2 copies paid

NOV 15 1960

DELAYED CERTIFICATE OF BIRTH

STATE OF TEXAS

818-223-014-255

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De60-1008

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Bertha Alice Hays
2. Date of Birth: (month) March (day) 23 (year) 1896
3. Color or Race: white
4. Sex: F
5. Place of Birth: a. County: Gem or Canyon; b. City or Town of Birth: South of Emmett, Ida. / Emmett, (Idaho)

FATHER

6. Full Name of Father: Isaac J. Hays
7. State or Country of Father's Birth: Illinois

MOTHER

8. Full Maiden Name of Mother: Alice May (Bennett) Hays
9. State or Country of Mother's Birth: Missouri

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Bertha Hays McAlister
11. Present Address of Registrant: Rochester 10 - New York

NOTARY (Seal)

Subscribed and sworn to before me on: November 11 1960

12. Signature of Notary: Frank P. Voelkl
13. Notary Commission expires: FRANK P. VOELKL NOTARY PUBLIC, State of N.Y., Monroe Co. No. 2885 Commission Expires March 30, 19 61

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Return of Marriage	Land County Oregon, Harry L. Chase, county clerk	Nov. 4, 1960	July 16, 1925
	Date of Birth: age 29 / Birth Place: Emmett, Idaho	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 2.	Type of Document: Statement regarding hospital records	By whom issued and signed: Columbia Hospital for Women Wash. D.C. Nadine Eichelberger	Date Issued: Oct. 13, 1960	Date Orig. Entry: admitted Jan 28, 1933
	Date of Birth: age 36 / Birth Place: Idaho	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 3.	Type of Document: affidavit by sister born 1884	By whom issued and signed: Jessie Hays Devlin	Date Issued: Oct. 20, 1960	Date Orig. Entry: ----
	Date of Birth: Mar. 23, 1896 / Birth Place: Gem County Emmett, Idaho	Full Name of Mother: Alice May Bennett	Name of Father: Isaac J. Hays	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. H. Benson	Penny L. Wing	Nov. 15, 1960

FORM BH 56067

9-29-60

NOV 16 1960

271-202-022-243

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De60-1070

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Maud Spaulding		2. Date Of Birth (month) (day) (year): March 2 1896
	3. Color or Race: white	4. Sex: female	5. Place of Birth a. County: Fremont (now Madison)
			b. City or Town of Birth: Rexburg Independence (Rt. 1)
FATHER	6. Full Name of Father: Julius Frank Spaulding		7. State or Country of Father's Birth: Utah
MOTHER	8. Full Maiden Name of Mother: Luella Buckland		9. State or Country of Mother's Birth: Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Maud Spaulding	11. Present Address of Registrant: Rt. 1, Rexburg, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: December 1 19 60	12. Signature of Notary: Ray W. Rigby	13. Notary Commission expires: January 26 19 63.

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: own child's birth certificate	By whom issued and signed: Idaho #140023	Date Issued: -----	Date Orig. Entry: child born Feb. 11, 1926
	Date of Birth: age 29	Birth Place: Idaho	Full Name of Mother: -----	Name of Father: -----
SUPPORTING RECORD 2.	Type of Document: affidavit by friend of family at time of birth	By whom issued and signed: Lois B. Hendrick age 76	Date Issued: Nov. 16, 1960	Date Orig. Entry: -----
	Date of Birth: Mar. 2, 1896	Birth Place: Madison, now Fremont Independence, Idaho	Full Name of Mother: Luella Buckland	Name of Father: Julius Frank Spaulding
SUPPORTING RECORD 3.	Type of Document: photocopy of school census report	By whom issued and signed: School Dis. #43, Madison County G. T. McKinley, County recorder	Date Issued: Dec. 1, 1960	Date Orig. Entry: Oct. 1, 1914
	Date of Birth: age 18	Birth Place: -----	Full Name of Mother: Lula Spaulding	Name of Father: Frank Spaulding
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Barron	Penny L. Wing	Dec. 8, 1960

FORM BR 56067
Gen. Corr. File (S) 11-25-60. NM

DELAYED CERTIFICATE OF BIRTH

1960

Mary Spaulding

Female

Rexburg, Idaho

Madison

Idaho

Rexburg, Idaho

January 26, 1960

Idaho Falls

Mary Spaulding

Rexburg, Idaho

Rexburg, Idaho

Rexburg, Idaho

Madison County Recorder

Dec. 8, 1960

Henry L. Wise

299-201-019-813

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De60-1094

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: MARY VIOLET KIRK			2. Date Of Birth (month) (day) (year): AUGUST 1 1896
	3. Color or Race: W	4. Sex: F	5. Place of Birth a. County: CUSTER	b. City or Town of Birth: CHALLIS
FATHER	6. Full Name of Father: JOHN KIRK			7. State or Country of Father's Birth: IRELAND
MOTHER	8. Full Maiden Name of Mother: ELEANOR FRANCIS HALLORAN			9. State or Country of Mother's Birth: LOUISIANA
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Mary V Salomon		11. Present Address of Registrant: CHALLIS, IDAHO
NOTARY (Seal)	Subscribed and sworn to before me on: DECEMBER 5 1960	12. Signature of Notary: [illegible]		13. Notary Commission expires: 2-1-1963

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Marriage License		By whom issued and signed: Custer County, Idaho Howard Baxter, recorder	Date Issued: Dec.12,1960	Date Orig. Entry: Feb. 13, 1917
	Date of Birth: age 20	Birth Place: -----	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 2.	Type of Document: own childs birth certificate		By whom issued and signed: Idaho #192281	Date Issued: -----	Date Orig. Entry: child born May 6, 1931
	Date of Birth: age 34	Birth Place: Challis, Idaho	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 3.	Type of Document: affidavit by friend of family at time of birth		By whom issued and signed: Mabel R. Michael born 1882	Date Issued: Dec.8,1960	Date Orig. Entry: -----
	Date of Birth: Aug.1,1896	Birth Place: -----	Full Name of Mother: Eleanor Francis Kirk	Name of Father: John Kirk	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W M Barron	Penny L. Wing	Dec. 16, 1960

FORM BH 56067

DEC 19 1960

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

719410-036-259

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 60-1110

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: George K. Parry
2. Date Of Birth: (month) February (day) 10 (year) 1896
3. Color or Race: White
4. Sex: M
5. Place of Birth: a. County: Oneida; b. City or Town of Birth: Malad, Idaho

FATHER

6. Full Name of Father: Thomas Parry
7. State or Country of Father's Birth: Glemorganshire, Wales

MOTHER

8. Full Maiden Name of Mother: Sarah Hannah Kniveton Parry
9. State or Country of Mother's Birth: Scranton, Penn

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: George K Parry
11. Present Address of Registrant: 279 W 400 N Malad, Ida

NOTARY (Seal)

Subscribed and sworn to before me on 14th December 1960
12. Signature of Notary: Lynn Clark
13. Notary Commission expires: July 29 1963

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document: Age 75 Affidavit by Aunt
By whom issued and signed: Janet Thorpe
Date Issued: December 12, 1960
Date Orig. Entry: -------
Date of Birth: February 10, 1896
Birth Place: Malad City, Idaho
Full Name of Mother: Sarah H. Kniveton
Name of Father: Thomas Parry

SUPPORTING RECORD 2.

Type of Document: Baptism certificate
By whom issued and signed: G. E. Jones ward clerk L. D. S. Church
Date Issued: October 27, 1907
Date Orig. Entry: October 27, 1907
Date of Birth: February 10, 1896
Birth Place: Malad, Idaho
Full Name of Mother: Sarah H. Knifeton
Name of Father: Thomas Parry

SUPPORTING RECORD 3.

Type of Document: Statement regarding Insurance Policy
By whom issued and signed: Colen H. Sweeten Jr. Clerk of the Dist. Court
Date Issued: December 13, 1960
Date Orig. Entry: October 1, 1926
Date of Birth: February 10, 1896
Birth Place: -------
Full Name of Mother: -----
Name of Father: -----

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: W. W. Benson
Evidence reviewed by: Elaine Coy
Date Filed: December 29, 1960

FORM BH 56067

DEC 30 1960

Affidavit by Agent

Age 35

February Weiser City, Idaho Sarah E. Knivetan

Statement regarding Insurance Policy

February Weiser, Idaho

10, 1896

Janet Thorpe

E. E. Jones were clerk

L. D. S. Church

Sarah H. Middleton

Colon H. Sweeten Jr.
Clerk of the Dist. Court

February 10, ----
1896

December 12, ------
1960

Thomas Parry

October 27, October 2,
1902 1902

Thomas Parry

December 13, October 1,
1960 1926

December 29, 1960

513-127-025-292

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De61-030

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Homer Jennings Eaton			2. Date Of Birth: (month) March (day) 27 (year) 1896
	3. Color or Race: White	4. Sex: Male	5. Place of Birth: a. County: Grangeville, Idaho	b. City or Town of Birth: Grangeville
FATHER	6. Full Name of Father: John Carr Eaton			7. State or Country of Father's Birth: unknown
MOTHER	8. Full Maiden Name of Mother: Harriett Lois Bishop			9. State or Country of Mother's Birth: unknown
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Homer J Eaton		11. Present Address of Registrant: Route 1 Yreka, Calif.
NOTARY (Seal)	Subscribed and sworn to before me on: July 6, 1960 19	12. Signature of Notary: Lynn L. Sanguen		13. Notary Commission expires: May 22, 1962 19

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: photocopy of application for social security number	By whom issued and signed: Treasury Department	Date Issued: ----	Date Orig. Entry: Sept.29, 1939
	Date of Birth: March 27, 1896	Birth Place: Grangeville, Idaho	Full Name of Mother: Harriet Louise Bishop	Name of Father: John Car Eaton
SUPPORTING RECORD 2.	Type of Document: statement regarding hospital records	By whom issued and signed: Siskiyou County General Hosp. Yreka, Calif. Hilda J. Johnson	Date Issued: May 26, 1960	Date Orig. Entry: admitted Nov. 1, 1952
	Date of Birth: Mar. 27, 1896	Birth Place: Idaho	Full Name of Mother: ----	Name of Father: ----
SUPPORTING RECORD 3.	Type of Document: Insurance Policy	By whom issued and signed: Beneficial Standard Life Ins.	Date Issued: ---	Date Orig. Entry: Jan.5,1956
	Date of Birth: age 59	Birth Place: ----	Full Name of Mother: ----	Name of Father: ----
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Barron	Evidence reviewed by: pp Penny L. Wing	Date Filed: Jan. 10, 1960

FORM BH 56067

JAN 10 1961

799-102-036-735

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De61-065

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: JOHN L. PRICE			2. Date of Birth (month) (day) (year): February 2 1896	
	3. Color or Race: White	4. Sex: male	5. Place of Birth a. County: Oneida	b. City or Town of Birth: Malad City, Idaho	
FATHER	6. Full Name of Father: Samuel Willard Price			7. State or Country of Father's Birth: Malad Idaho	
MOTHER	8. Full Maiden Name of Mother: Matilda Gleed			9. State or Country of Mother's Birth: England	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: John Lionel Price		11. Present Address of Registrant: 270 W. 500 N. Malad Idaho.	
NOTARY (Seal)	Subscribed and sworn to before me on: Jan. 19 1961	12. Signature of Notary: Jno. R. Jones		13. Notary Commission expires: Nov. 20 1964	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: STATEMENT REGARDING CHURCH RECORDS	By whom issued and signed: LDS Church, Malad 3rd Ward, L.W. Corbridge, WC, H. Gleed, Bish.		Date Issued: Jan. 7, 1961	Date Orig. Entry: baptized Nov. 11, 1906
	Date of Birth: Feb. 2, 1896	Birth Place: Malad, Idaho	Full Name of Mother: Matilda Gleed		Name of Father: Samuel W. Price
SUPPORTING RECORD 2.	Type of Document: Insurance Policy	By whom issued and signed: Occidental Life Insurance Co.		Date Issued: Apr. 14, 1942	Date Orig. Entry: Oct. 13, 1932
	Date of Birth: Feb. 2, 1896	Birth Place: Oneida County Malad, Idaho	Full Name of Mother: ----		Name of Father: ----
SUPPORTING RECORD 3.	Type of Document: own childs birth certificate	By whom issued and signed: Idaho 242582		Date Issued: -----	Date Orig. Entry: child born Apr. 9, 1936
	Date of Birth: age 40	Birth Place: Malad, Idaho	Full Name of Mother: ----		Name of Father: ----
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Barron	Penny L. Wing	Jan. 23, 1961

FORM BH 56067

11-8-60

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

JAN 30 1961

235-102-022-418

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De61-116

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Samuel LaRoy Stewart			2. Date of Birth (month) July (day) 2 (year) 1896	
	3. Color or Race: white	4. Sex: male	5. Place of Birth a. County: Teton	b. City or Town of Birth: Teton City, Idaho	
FATHER	6. Full Name of Father: Samuel Clark Stewart			7. State or Country of Father's Birth: ✓Utah Salt Lake 19, February 1865	
MOTHER	8. Full Maiden Name of Mother: Selma Dahle			9. State or Country of Mother's Birth: ✓ Utah Cache 14 November 1871	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Samuel LeRoy Stewart		11. Present Address of Registrant: Teton, Idaho	
NOTARY (Seal)	Subscribed and sworn to before me on: January 28 19 61	12. Signature of Notary: LaMonte Bauer, Clerk of District Court		13. Notary Commission expires: MY COMMISSION EXPIRES JANUARY 1962 19	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Insurance Policy Application	By whom issued and signed: Idaho State Life Insurance Co.		Date Issued: ----	Date Orig. Entry: Apr. 18, 1924
	Date of Birth: July 2, 1896	Birth Place: Fremont Teton City, Idaho	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 2.	Type of Document: Marriage license application	By whom issued and signed: Fremont County, Idaho, S.D. Farnsworth, Co. Recorder		Date Issued: Jan. 27, 1961	Date Orig. Entry: Mar. 12, 1923
	Date of Birth: age 26	Birth Place: ----	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 3.	Type of Document: Certificate of Blessing	By whom issued and signed: LDS Church, Teton Ward, Merlin Bean, Clerk		Date Issued: Feb. 3, 1961	Date Orig. Entry: Blessed Aug. 6, 1896
	Date of Birth: July 2, 1896	Birth Place: Fremont Teton, Idaho	Full Name of Mother: Selma Dahle	Name of Father: Samuel C. Stewart	

QUALIFYING INFORMATION

affidavit by uncle, James T. Birch, age 82, signed on Jan. 28, 1961. Samuel born on July 2, 1896 at Teton, Idaho

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. M. Benson	pw Penny L. Wing	Feb. 7, 1961

FORM BH 56067

1-24-61 1 copy paid

FEB 8 1961

618-22-030-515

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De61-121

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: WILDA MAE WAYANT
2. Date of Birth (month) (day) (year): AUGUST 22 1896
3. Color or Race: WHITE
4. Sex: F
5. Place of Birth a. County: U.S.A. LEMHI - IDAHO
b. City or Town of Birth: SALMON

FATHER

6. Full Name of Father: FRANK BOHANNON WAYANT
7. State or Country of Father's Birth: IDAHO U.S.A.

MOTHER

8. Full Maiden Name of Mother: PERA ANNA VAN WINKLE
9. State or Country of Mother's Birth: ILLINOIS U.S.A.

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Wilda Mae Christiansen
11. Present Address of Registrant: HIGH RIVER, ALBERTA, CANADA

NOTARY (Seal)

Subscribed and sworn to before me on: 8TH SEPTEMBER 1960

12. Signature of Notary: nee Wayant
13. Notary Commission expires: a Notary Public in and for the Province of Alberta - my commission expires at no fixed date

APPLICANT—DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Certificate of Marriage	Province of Alberta, Canada Reg. #15-08-001955	May 18, 1960	Jan. 4, 1916
	Date of Birth: age 19	Birth Place: Idaho, U.S.A.	Full Name of Mother: ----	Name of Father: ----
SUPPORTING RECORD 2.	Type of Document: own childs birth certificate	By whom issued and signed: Province of Alberta, Canada #267080	Date Issued: Sept. 28, 1960	Date Orig. Entry: March 21, 1923
	Date of Birth: age 27	Birth Place: Salmon, Idaho U.S.A.	Full Name of Mother: ----	Name of Father: ----
SUPPORTING RECORD 3.	Type of Document: affidavit by daughter of attending phycisian	By whom issued and signed: Nellie E. Gahen age 92	Date Issued: Sept. 27, 1960	Date Orig. Entry: ----
	Date of Birth: Aug. 22, 1896	Birth Place: Salmon, Idaho	Full Name of Mother: Pera Anna Van Winkle	Name of Father: Trank Bohannon Wayant

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Barnes	Penny L. Wing pw	Feb. 10, 1961

FORM BH 56067 97 8-31-60

FEB 10 1961

741-218-002-154

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De61-131

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Cella E. Guarnett			2. Date Of Birth: October 18 1896
	3. Color or Race: White	4. Sex: F (Twin)	5. Place of Birth a. County: Adams	b. City or Town of Birth: Council, Idaho
FATHER	6. Full Name of Father: Louis Martin Guarnett			7. State or Country of Father's Birth: Cherokee County, Kansas
MOTHER	8. Full Maiden Name of Mother: Olive May Anderson			9. State or Country of Mother's Birth: Washington County, Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Cella E Lethy		11. Present Address of Registrant: 817 Rush Avenue, Bellefontaine, Ohio
NOTARY (Seal)	Subscribed and sworn to before me on: September 8 1960	12. Signature of Notary: Delphos Welle		13. Notary Commission expires: Jan. 12 1963

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: photocopy of own child's birth certificate	By whom issued and signed: Illinois #57925, Dir. of Public Health	Date Issued: Aug. 26, 1960	Date Orig. Entry: child born Oct. 15, 1923	
	Date of Birth: age 26	Birth Place: Idaho	Full Name of Mother: ------	Name of Father: ------	
SUPPORTING RECORD 2.	Type of Document: copy of marriage license	By whom issued and signed: State of Arkansas, Woodruff County clerk, Elbert R. Miller	Date Issued: Jan. 14, 1957	Date Orig. Entry: Mar. 29, 1917	
	Date of Birth: age 20	Birth Place: -----	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 3.	Type of Document: affidavit by cousin	By whom issued and signed: Mrs. Olive C. Mabee age 75	Date Issued: Feb. 3, 1961	Date Orig. Entry: -----	
	Date of Birth: Oct. 18, 1896	Birth Place: Adams County Council, Idaho	Full Name of Mother: Olive May Anderson	Name of Father: Louis Martin Guarnett	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Barron	pw Penny L. Wing	Feb. 14, 1961

FORM BH 56067

FEB 14 1961

DELAYED CERTIFICATE OF BIRTH

BETTY

239-120-014-652

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De61-154

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Seymour Eugene Stiles			2. Date Of Birth (month) 3 (day) 20 (year) 1896	
	3. Color or Race: white	4. Sex: male	5. Place of Birth a. County: Caldwell, Idaho	b. City or Town of Birth: Caldwell	Idaho
FATHER	6. Full Name of Father: John Amos Stiles			7. State or Country of Father's Birth: Iowa (Fremont Co.)	
MOTHER	8. Full Maiden Name of Mother: Bertha Webb			9. State or Country of Mother's Birth: Tabor, Iowa	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Seymour Eugene Stiles	11. Present Address of Registrant: Route # 2 Ft Lupton Colo.	
NOTARY (Seal)	Subscribed and sworn to before me on: Feb 15 19 61		12. Signature of Notary: Georgia Bouldy	13. Notary Commission expires: My Commission expires January 10, 1962 19	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: affidavit by friend of family at time of birth		By whom issued and signed: Mary E. McElroy born 1885	Date Issued: Jan.25,1961	Date Orig. Entry: -----
	Date of Birth: stateme Mar.20,1896	Birth Place: Caldwell, Idaho	Full Name of Mother: Bertha Webb	Name of Father: John Amos Stiles	
SUPPORTING RECORD 2.	Type of Document: statement regarding voting records		By whom issued and signed: Ann Spomer, County Clerk, Ft. Lupton, Colorado	Date Issued: 1960	Date Orig. Entry: Aug.22,1940
	Date of Birth: age 44	Birth Place: ----	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 3.	Type of Document: Census Record		By whom issued and signed: Bureau of the Census	Date Issued: Feb.6,1961	Date Orig. Entry: Jan.1,1920
	Date of Birth: age 23	Birth Place: Idaho	Full Name of Mother: Bertah Stiles	Name of Father: John A. Stiles	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. M. Benson	Evidence reviewed by: Penny L. Wing	Date Filed: Feb. 20, 1961

FORM BH 56067 V67

1-10-61

FEB 20 1961

22-113-044-368

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De61-178

REGISTRANT (Person whose birth is being registered)	1. Registrant's Full Name at Birth: **John Fernandes Baker**			2. Date of Birth (month) (day) (year): **April 13 1896**
	3. Color or Race: **White**	4. Sex: **M**	5. Place of Birth a. County: **Washington**	b. City or Town of Birth: **Weiser**
FATHER	6. Full Name of Father: **Henry Baxter Baker**			7. State or Country of Father's Birth: **Ohio**
MOTHER	8. Full Maiden Name of Mother: **Gertrude Rosalie Coyle**			9. State or Country of Mother's Birth: **Ohio**
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: John F Baker		11. Present Address of Registrant: 1650 Capitol St., Ogden, Utah
NOTARY (Seal)	Subscribed and sworn to before me on: February 17th 1961	12. Signature of Notary: Catharina Foldenyn		13. Notary Commission expires: March 21 1963

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: own childs birth certificate	By whom issued and signed: Idaho #259686		Date Issued: Jan.26,1961	Date Orig. Entry: child born Sept. 30, 1937
	Date of Birth: age 44	Birth Place: Weiser, Idaho	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 2.	Type of Document: Personal Record	By whom issued and signed: U.S.Railroad Admins.J.L.Priest Gen'l Ag.employing officer		Date Issued: -----	Date Orig. Entry: Mar,30,1920
	Date of Birth: Apr.13,1896	Birth Place: Weiser, Idaho	Full Name of Mother: Gertrude R. Baker	Name of Father: Henry B. Baker	
SUPPORTING RECORD 3.	Type of Document: affidavit by aunt	By whom issued and signed: Jessie L. Ginger, born 1879		Date Issued: Feb.14,1961	Date Orig. Entry: -----
	Date of Birth: Apr.13,1896	Birth Place: Washington County Weiser, Idaho	Full Name of Mother: Gertrude Rosalie Baker	Name of Father: Henry B. Baker	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W W Barron	Evidence reviewed by: Penny L. Wing	Date Filed: Feb. 24, 1961

FORM BH 56067

STATE OF IDAHO

FEB 24 1967
MAR 2 1967
SEP 15 1967

1. Name (Type or print)	2. Date of birth (month, day, year)
Gloria Esperanza Baker	April 13, 1936
3. Race	4. Sex
White	F
5. Place of birth (State or foreign country)	
Washington	
6. Full name of father	7. State or country of father's birth
Henry Baxter Baker	Ohio
8. Full maiden name of mother	9. State or country of mother's birth
Gertrude Bonnie Doyle	Ohio
10. Residence address (Number, street, city, county, state)	11. Present address of applicant
1656 Capitol St., Ogden, Utah	
12. Signature of applicant	13. Other identification applied for

14. Type of document	15. When issued and signature of issuing official
Date of birth given on this line	
16. Date of birth given	17. Place of birth
18. Name at birth	19. Name of mother

SUPPORTING DOCUMENT 1	
Type of document	By whom issued and signed
Certified Record	
Date issued	Date orig. entry
----	----
Name at birth	Full name of mother
SUPPORTING DOCUMENT 2	
Type of document	By whom issued and signed
Date issued	Date orig. entry
----	----
Name at birth	Name of mother

CERTIFICATION: I hereby certify that to the best of my knowledge and belief the statements made in this application and in any supporting documents are true, correct, and complete. I understand that any false statement or misrepresentation of a material fact may subject me to penalties prescribed by law.

Signature of applicant

Evidence received by

Date

299-12-022-753

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De61-208

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: **Benjamin Leroy Briggs**		2. Date of Birth (month) (day) (year): **January 21, 1896**
	3. Color or Race: **W**	4. Sex: **M**	5. Place of Birth a. County: **Fremont** / b. City or Town of Birth: **Teton**
FATHER	6. Full Name of Father: **John Briggs**		7. State or Country of Father's Birth: **Utah**
MOTHER	8. Full Maiden Name of Mother: **Sarah E. Gellett**		9. State or Country of Mother's Birth: **Utah**
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Benjamin Leroy Briggs	11. Present Address of Registrant: To **Newdale, Idaho**
NOTARY (Seal)	Subscribed and sworn to before me on: **March 1** 19 **61**	12. Signature of Notary: Mary Smith	13. Notary Commission expires: **June 25** 19 **63**

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Insurance Policy	By whom issued and signed: Idaho Mutual Benefit Assn.	Date Issued: Mar.20,1945	Date Orig. Entry: Mar.16,1945
	Date of Birth: Jan.21,1896 / Birth Place: Teton, Idaho	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 2.	Type of Document: own childs birth certificate	By whom issued and signed: Idaho #39977	Date Issued: ----	Date Orig. Entry: child born Apr.22,1916
	Date of Birth: age 20 / Birth Place: Idaho	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 3.	Type of Document: affidavit by brother	By whom issued and signed: Carlos Briggs age 73	Date Issued: Feb.24,1961	Date Orig. Entry: ----
	Date of Birth: Jan.21,1896 / Birth Place: Fremont County Teton, Idaho	Full Name of Mother: Sarah E. Gellett	Name of Father: John Briggs	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. M. Brown	Evidence reviewed by: Penny L. Wing	Date Filed: March 6, 1961

FORM BH 56067

2-16-61

MAR 6 1961

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

1. NAME OF CHILD	Benjamin Leroy Briggs
2. SEX	M
3. DATE OF BIRTH (Month, Day, Year)	January 23, 1890
4. PLACE OF BIRTH (County)	Fremont
5. PLACE OF BIRTH (City or Town)	Teton
6. FULL NAME OF FATHER	John Briggs
7. BIRTHPLACE OF FATHER (State or Country)	Utah
8. FULL MAIDEN NAME OF MOTHER	Sarah E. Gollatt
9. BIRTHPLACE OF MOTHER (State or Country)	Utah
10. AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.
11. Signature of Applicant	
12. Address of Applicant	Rexburg, Idaho
13. NOTARY (Seal)	Subscribed and sworn to before me this March 1 day of 61
14. Signature of Notary	
15. Notary Public residing at	Rexburg, Idaho
16. My commission expires	June 23

SUPPORTING RECORD 1-	Type of Document: Certificate of Baptism
	Date Issued: Feb. 20, 1961
	By whom issued and signed: Bishop Ernest L. Wilson
	Full Name of Witness:
	Date of Witness:
SUPPORTING RECORD 2-	Type of Document: Certificate of Birth
	Date Issued: Feb. 20, 1961
	By whom issued and signed: Bishop Ernest L. Wilson
	Full Name of Witness:
	Date of Witness:
SUPPORTING RECORD 3-	Type of Document: Certificate of Baptism
	Date Issued: Feb. 20, 1961
	By whom issued and signed: Bishop Ernest L. Wilson
	Full Name of Witness:
	Date of Witness:

I hereby certify that a copy birth certificate has been found in this Division in vital statistics for this registrant and that documentary evidence has been received, which substantiates the facts as set forth in the foregoing delayed act.

Date Filed: March 3, 1961

Evidence reviewed by: Henry W. Wing

Name of Registrar:

2-10-61

493-115-016-692

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De61-228

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Campbell Shores Miller			2. Date of Birth (month) (day) (year): November 15, 1896	
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Idaho — Cassia	b. City or Town of Birth: Albion	
FATHER	6. Full Name of Father: John Henry Miller			7. State or Country of Father's Birth: Illinois	
MOTHER	8. Full Maiden Name of Mother: Anna May Fisher			9. State or Country of Mother's Birth: Arkansas	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Campbell Shores Miller	11. Present Address of Registrant: Atascadero, California	
NOTARY (Seal)	Subscribed and sworn to before me on: March 4 1961		12. Signature of Notary: W. H. Stover	13. Notary Commission expires: W. H. STOVER My Commission Expires July 9, 1964	

W. H. Stover - San Luis Obispo County - State of Calif.,

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Social Security Record	By whom issued and signed: Treasury Department	Date Issued: ----	Date Orig. Entry: Oct.18,1940
	Date of Birth: Nov.15,1896	Birth Place: Casha, County Albion, Idaho	Full Name of Mother: Anna May Fisher	Name of Father: John Henry Miller
SUPPORTING RECORD 2.	Type of Document: Insurance Policy Application	By whom issued and signed: World Insurance Co.,Omaha,Neb	Date Issued: ----	Date Orig. Entry: Apr.19,1948
	Date of Birth: Nov.15,1896	Birth Place: Albion, Idaho	Full Name of Mother: ----	Name of Father: ----
SUPPORTING RECORD 3.	Type of Document: Marriage Certificate	By whom issued and signed: San Luis Obispo,County,Calif. Mary C. Hamlin,Co.Recorder	Date Issued: Jan.31,1961	Date Orig. Entry: Apr.15,1921
	Date of Birth: age 24	Birth Place: Idaho	Full Name of Mother: Amiee Fisher	Name of Father: John Henry Miller
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. H. Barson	Penny L. Wing	March 13, 1961

FORM BH 56067

6-16-60

MAR 13 1984

864-228-001-363

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De61-243

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Fay LaVerne Young			2. Date Of Birth (month) June (day) 28 (year) 1896	
	3. Color or Race: white	4. Sex: F	5. Place of Birth: a. County: Ada	b. City or Town of Birth: Boise	
FATHER	6. Full Name of Father: Fay Divine Young			7. State or Country of Father's Birth: Illinois	
MOTHER	8. Full Maiden Name of Mother: Donna Jetta Jane Coleman			9. State or Country of Mother's Birth: Missouri	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: LaVerne Y. Thomas		11. Present Address of Registrant: 425 E. 63rd St. N.Y. 21 N.Y.	
NOTARY (Seal)	Subscribed and sworn to before me on: March 10 1961	12. Signature of Notary: Samuel Miller		[redacted] Qualified in [redacted] County [redacted] Filed in New York County [redacted]	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Marriage Return	By whom issued and signed: Pierce County Washington J. W. Sonntag, County Rec.	Date Issued: Mar. 3, 1961	Date Orig. Entry: Oct. 6, 1922	
	Date of Birth: age 26	Birth Place: Boise, Idaho	Full Name of Mother: Donizetta Coleman	Name of Father: Fay LaVerne Young	
SUPPORTING RECORD 2.	Type of Document: Social Security Record	By whom issued and signed: Treasury Department	Date Issued: 0-----	Date Orig. Entry: March 24, 1953	
	Date of Birth: June 28, 1896	Birth Place: Ada County Boise, Idaho	Full Name of Mother: Donna Jane Coleman	Name of Father: Fay Divine Young	
SUPPORTING RECORD 3.	Type of Document: affidavit by sister	By whom issued and signed: LaNeta Young Nace born 1884	Date Issued: Feb. 21, 1961	Date Orig. Entry: -----	
	Date of Birth: June 28, 1896	Birth Place: Boise, Idaho	Full Name of Mother: Donna Young	Name of Father: Fay D. Young	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
D. W. Bacon	Penny L. Wing	March 15, 1961

FORM BH 56067

1-11-61

MAR 15 1961

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

355-113-029-318

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De61-257

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: DELMER JOHN LEEPER
2. Date of Birth (month) (day) (year): NOVEMBER 13th. 1896
3. Color or Race:
4. Sex:
5. Place of Birth a. County:
b. City or Town of Birth: FREEZE IDAHO

FATHER

6. Full Name of Father: DAVID LEEPER
7. State or Country of Father's Birth: MISSOURI (County unknown)

MOTHER

8. Full Maiden Name of Mother: MINNIE LAYTON
9. State or Country of Mother's Birth: OREGON (County unknown)

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Delmer J. Leeper
11. Present Address of Registrant: Box 266 Lincoln Montana

NOTARY (Seal)

Subscribed and sworn to before me on: 3-17 1961
12. Signature of Notary: Jessie Smith
13. Notary Commission expires: March 29 1963

APPLICANT—DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	statement regarding hospital records	Columbus Hospital, Great Falls, Dorothy Larkin, R.R.L. Med. Rec.	Jan. 12, 1961	Dec. 6, 1951
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	age 55 / Freeze, Idaho	-----	David Leeper	
SUPPORTING RECORD 2.	Insurance Policy Application	Massachusetts Protective Assn	-----	Oct. 10, 1951
	Nov. 13, 1896 / Freeze, Idaho	-----	-----	
SUPPORTING RECORD 3.	Marriage License	Cascade County Montana, Agnes Schrapps, Clerk of Court	Mar. 8, 1961	Dec. 24, 1918
	age 22 / Frezna, Idaho	Minnie Layton	David Leeper	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Sherman	Penny L. Wing	March 20, 1961

FORM BH 56067

12-20-60 1 copy paid #10524

MAR 20 1961

165-215-037-366

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De61-333

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Lucille.E.Jones [illegible]
2. Date of Birth: (month) May. (day) 15. (year) 1896.
3. Color or Race: White
4. Sex:
5. Place of Birth: a. County: Owyhee; b. City or Town of Birth: Bruneau

FATHER

6. Full Name of Father: John H.Jones
7. State or Country of Father's Birth: Alabama.

MOTHER

8. Full Maiden Name of Mother: Bertha Mable Lowe.Jones
9. State or Country of Mother's Birth: Illinois

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Lucille E. Jones Pearman
11. Present Address of Registrant: Glenns Ferry, Idaho

NOTARY (Seal)

Subscribed and sworn to before me on 3-16- 1961

12. Signature of Notary: N. W. Sandvig
13. Notary Commission expires: N. W. SANDVIG, Notary Public, Residing at Glenns Ferry, Elmore County, Idaho. My Commission Expires June 1, 19[illegible]

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Own child's birth certificate	On File Idaho #80208	---	child born Feb 16, 1920

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Age 23	Bruneau, Idaho	-----	-----

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Affidavit by Neighbor at time of birth - age 78	Daisy Pinkston	March 16, 1961	---

Date of Birth	Birth Place	Full Name of Mother	Name of Father
May 15, 1896	Bruneau, Idaho	Bertha Mable Jones	John H. Jones

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
statement regarding lodge records	Zae Hull Financial Sec, Aileen Rebekah Lodge #62	Apr.13,1961	Jan.15,1954

Date of Birth	Birth Place	Full Name of Mother	Name of Father
age 57	----	----	----

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Barnes	bf Penny L. Wing	April 14, 1961

FORM BH 56067

APR 17 1961

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

1. Name of person whose birth is being recorded		2. Date of birth (month, day, year)	3. Sex
Lucille Jaramillo			
4. Place of birth: County	City or town	5. Name of father	
Cassia	Burley	Ignacio Jaramillo	
6. Maiden name of mother		7. Name of husband	
Cristina Pablo Lopez		Ignacio Jaramillo	
8. Mother's birthplace (State or country)		9. Father's birthplace (State or country)	
Idaho		Idaho	
10. Name and address of person signing this affidavit		11. Relationship to person whose birth is recorded	
Cristina Pablo Lopez, Burley, Idaho		Mother	
12. Signature of person signing this affidavit			
Cristina Pablo Lopez			

STATE OF IDAHO, County of Cassia, ss.

Cristina Pablo Lopez, being first duly sworn, deposes and says: That she is the mother of Lucille Jaramillo, whose birth certificate is now sought to be obtained; that the said Lucille Jaramillo was born on the 23rd day of March, 1956, at Burley, Idaho; that no certificate of the birth of the said Lucille Jaramillo has been filed with the Bureau of Vital Statistics, Department of Public Health, State of Idaho, or with any other officer authorized to register births; that the facts stated in the foregoing affidavit are true to the best of my knowledge and belief.

Subscribed and sworn to before me on April 13, 1961

Notary Public residing at Burley, Idaho

My commission expires: Feb. 10, 1962

Age 23 Burley, Idaho

Type of Document: Affidavit by Neighbor or Close of Kin - Age 15

Date of Birth: March 23, 1956 Birth Place: Burley, Idaho

Type of Document:

Date Issued: March 10, 1961

Name of Father: John H. Jones

Date Reg. Entry: ---

Date Orig. Entry: ---

Date of Birth: ---

Date Issued: ---

Date Orig. Entry: Feb 10, 1962

Type of Document: Own child's birth certificate On File Idaho State Bd. of Health

Name of Person: Lucille Jaramillo

Date of Birth: March 23, 1956

Sex: Female

Place of Birth: Burley, Idaho

Name of Father: Ignacio Jaramillo

Maiden Name of Mother: Cristina Pablo Lopez

Date Issued: ---

Date Orig. Entry: ---

Evidence Received

Type of Document: Own child's birth certificate On File Idaho State Bd. of Health

Date Issued: ---

Date Orig. Entry: Feb 10, 1962

Name of Person: Lucille Jaramillo

Date of Birth: March 23, 1956

Sex: Female

Place of Birth: Burley, Idaho

Name of Father: Ignacio Jaramillo

Maiden Name of Mother: Cristina Pablo Lopez

Date Issued: March 10, 1961

Name of Father: John H. Jones

Date Reg. Entry: ---

Date Orig. Entry: ---

Date of Birth: ---

Date Issued: ---

Type of Document: Affidavit by Neighbor or Close of Kin - Age 15

Age 23 Burley, Idaho

Type of Document: Own child's birth certificate On File Idaho State Bd. of Health

Date Issued: ---

Date Orig. Entry: Feb 10, 1962

Name of Person: Lucille Jaramillo

Date of Birth: March 23, 1956

Sex: Female

Place of Birth: Burley, Idaho

Name of Father: Ignacio Jaramillo

Maiden Name of Mother: Cristina Pablo Lopez

Date Issued: March 10, 1961

Name of Father: John H. Jones

Date Reg. Entry: ---

Date Orig. Entry: ---

Date of Birth: ---

Date Issued: ---

Evidence Received

Type of Document: Own child's birth certificate On File Idaho State Bd. of Health

Date Issued: ---

Date Orig. Entry: Feb 10, 1962

Name of Person: Lucille Jaramillo

Date of Birth: March 23, 1956

Sex: Female

Place of Birth: Burley, Idaho

Name of Father: Ignacio Jaramillo

Maiden Name of Mother: Cristina Pablo Lopez

Date Issued: March 10, 1961

Name of Father: John H. Jones

Date Reg. Entry: ---

Date Orig. Entry: ---

Date of Birth: ---

Date Issued: ---

Type of Document: Affidavit by Neighbor or Close of Kin - Age 15

Age 23 Burley, Idaho

Type of Document: Own child's birth certificate On File Idaho State Bd. of Health

Date Issued: ---

Date Orig. Entry: Feb 10, 1962

Name of Person: Lucille Jaramillo

Date of Birth: March 23, 1956

Sex: Female

Place of Birth: Burley, Idaho

Name of Father: Ignacio Jaramillo

Maiden Name of Mother: Cristina Pablo Lopez

Date Issued: March 10, 1961

Name of Father: John H. Jones

Date Reg. Entry: ---

Date Orig. Entry: ---

Date of Birth: ---

Date Issued: ---

Evidence Received

Type of Document: Own child's birth certificate On File Idaho State Bd. of Health

Date Issued: ---

Date Orig. Entry: Feb 10, 1962

Name of Person: Lucille Jaramillo

Date of Birth: March 23, 1956

Sex: Female

Place of Birth: Burley, Idaho

Name of Father: Ignacio Jaramillo

Maiden Name of Mother: Cristina Pablo Lopez

Date Issued: March 10, 1961

Name of Father: John H. Jones

Date Reg. Entry: ---

Date Orig. Entry: ---

Date of Birth: ---

Date Issued: ---

Type of Document: Affidavit by Neighbor or Close of Kin - Age 15

Age 23 Burley, Idaho

Type of Document: Own child's birth certificate On File Idaho State Bd. of Health

Date Issued: ---

Date Orig. Entry: Feb 10, 1962

Name of Person: Lucille Jaramillo

Date of Birth: March 23, 1956

Sex: Female

Place of Birth: Burley, Idaho

Name of Father: Ignacio Jaramillo

Maiden Name of Mother: Cristina Pablo Lopez

Date Issued: March 10, 1961

Name of Father: John H. Jones

Date Reg. Entry: ---

Date Orig. Entry: ---

Date of Birth: ---

Date Issued: ---

Evidence Received

Type of Document: Own child's birth certificate On File Idaho State Bd. of Health

Date Issued: ---

Date Orig. Entry: Feb 10, 1962

Name of Person: Lucille Jaramillo

Date of Birth: March 23, 1956

Sex: Female

Place of Birth: Burley, Idaho

Name of Father: Ignacio Jaramillo

Maiden Name of Mother: Cristina Pablo Lopez

Date Issued: March 10, 1961

Name of Father: John H. Jones

Date Reg. Entry: ---

Date Orig. Entry: ---

Date of Birth: ---

Date Issued: ---

Type of Document: Affidavit by Neighbor or Close of Kin - Age 15

Age 23 Burley, Idaho

Type of Document: Own child's birth certificate On File Idaho State Bd. of Health

Date Issued: ---

Date Orig. Entry: Feb 10, 1962

Name of Person: Lucille Jaramillo

Date of Birth: March 23, 1956

Sex: Female

Place of Birth: Burley, Idaho

Name of Father: Ignacio Jaramillo

Maiden Name of Mother: Cristina Pablo Lopez

Date Issued: March 10, 1961

Name of Father: John H. Jones

Date Reg. Entry: ---

Date Orig. Entry: ---

Date of Birth: ---

Date Issued: ---

Evidence Received

Type of Document: Own child's birth certificate On File Idaho State Bd. of Health

Date Issued: ---

Date Orig. Entry: Feb 10, 1962

Name of Person: Lucille Jaramillo

Date of Birth: March 23, 1956

Sex: Female

Place of Birth: Burley, Idaho

Name of Father: Ignacio Jaramillo

Maiden Name of Mother: Cristina Pablo Lopez

Date Issued: March 10, 1961

Name of Father: John H. Jones

Date Reg. Entry: ---

Date Orig. Entry: ---

Date of Birth: ---

Date Issued: ---

2972 30-014-396

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 61-419
419

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: EDNA PEARL BIXBY			2. Date Of Birth (month) APRIL (day) 30, (year) 1896
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Canyon	b. City or Town of Birth: Middleton
FATHER	6. Full Name of Father: Asa Seth Bixby			7. State or Country of Father's Birth: Idaho
MOTHER	8. Full Maiden Name of Mother: Grace Crockett			9. State or Country of Mother's Birth: Kansas
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Edna P. Rutledge		11. Present Address of Registrant: 715 No 8th W St
NOTARY (Seal)	Subscribed and sworn to before me on: February 13 1959	12. Signature of Notary: Hazel L. Hurlbut		13. Notary Commission expires: Sept. 28, 1960

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by Mother	By whom issued and signed: Grace Bixby	Date Issued: Feb 13,1959	Date Orig. Entry: --
	Date of Birth: April 30 1896	Birth Place: Middleton, Canyon County, Idaho	Full Name of Mother: Grace Crockett	Name of Father: Asa Seth Bixby
SUPPORTING RECORD 2.	Type of Document: Family Register	By whom issued and signed: family member	Date Issued: -----	Date Orig. Entry: obviously old
	Date of Birth: April 30, 1896	Birth Place: ------	Full Name of Mother: Arlennia Grace Bixby	Name of Father: Asa Seth Bixby
SUPPORTING RECORD 3.	Type of Document: Own childs birth certificate	By whom issued and signed: On file in Idaho De #56-385	Date Issued: ----	Date Orig. Entry: March 21, 1924
	Date of Birth: age 28	Birth Place: Middleton, Idaho	Full Name of Mother: ------	Name of Father: ---------
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	bf ec Elaine Coy	May 9 , 1961

FORM BH 56067

MAY 10 1961

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

De 61-419

Family Register

Name of Father: [illegible]

Name of Mother: Ada Seth Pixby

Name of Physician: W. C. Benson

Date Filed: May 9, 1961

Date Received: March 21, 1924

813-127-022-339

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De61- 526

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Delbert Earl Hathaway			2. Date Of Birth (month) 10 (day) 27 (year) 1896	
	3. Color or Race: white	4. Sex: m	5. Place of Birth a. County: Twin Groves, Fremont	b. City or Town of Birth: Twin Groves, Idaho	
FATHER	6. Full Name of Father: Elisha Brown Hathaway			7. State or Country of Father's Birth: Pennsylvania	
MOTHER	8. Full Maiden Name of Mother: Deborh Jane Clifford			9. State or Country of Mother's Birth: Utah	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Delbert Earl Hathaway	11. Present Address of Registrant: Chester, Idaho	
NOTARY (Seal)	Subscribed and sworn to before me on: 6-19 1961		12. Signature of Notary: Edgar Westerberg	13. Notary Commission expires: 2-1 1962	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Church Membership Record		By whom issued and signed: LDS Church, Salt Lake City, Utah Ella D. Jack, Custodian	Date Issued: July 26, 1960	Date Orig. Entry: baptized Aug. 4, 1907
	Date of Birth: Oct. 27, 1896	Birth Place: Twin Groves, Idaho	Full Name of Mother: Jane Clifford	Name of Father: Elisha Hathaway	
SUPPORTING RECORD 2.	Type of Document: Social Security Record		By whom issued and signed: Treasury Department	Date Issued: -----	Date Orig. Entry: Apr. 30, 1938
	Date of Birth: Oct. 27, 1896	Birth Place: Twin Groves, Idaho	Full Name of Mother: Debroah Jane Clifford	Name of Father: Elisha Brown Hathaway	
SUPPORTING RECORD 3.	Type of Document: Military Personnel Record		By whom issued and signed: John W. Gross, Chief Army General Services Administration	Date Issued: July 28, 1960	Date Orig. Entry: Aug. 7, 1918
	Date of Birth: Oct. 27, 1896	Birth Place: Twin Groves, Idaho	Full Name of Mother: ----	Name of Father: ----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Barron	Evidence reviewed by: Penny L. Wing	Date Filed: June 20, 1961

FORM BH 56067

6-12-61

JUN 20 1961

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 61-[illegible]

1. Name of child: Delayne Lynd Hathaway

2. Sex: M

3. Date of birth: June 12, 1961

4. Place of birth: Twin Groves, Bonneville

5. Date Entered, Id No

6. Name of Father: Elisha Doman Hathaway

7. Maiden name of mother: Delorh Jane Clifford

8. Residence: [illegible]

9. Name of County of Father's Birth

10. Color or race: [illegible]

11. Age of father at time of birth of this child: [illegible]

12. Age of mother at time of birth of this child: [illegible]

13. Number of children born to this mother including this child: [illegible]

14. Number of children now living including this child: [illegible]

15. Number of children born dead: [illegible]

16. Signature and title of attendant: [illegible]

17. Address of attendant: [illegible]

18. Date signed: [illegible]

19. Name and address of informant: [illegible]

20. Date received by local registrar: [illegible]

21. Signature of local registrar: [illegible]

22. Date filed by State Registrar: [illegible]

23. Remarks: [illegible]

296-203-040-899

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. Be61- 615

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Vera May Brown		2. Date of Birth (month) (day) (year): May 3- 1896
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Idaho; b. City or Town of Birth: Wardner
FATHER	6. Full Name of Father: Gilman B. Brown		7. State or Country of Father's Birth: Maine
MOTHER	8. Full Maiden Name of Mother: Mary Louise Hirlinger		9. State or Country of Mother's Birth: Missouri
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Vera B. Higgins	11. Present Address of Registrant: 2940 Clement St. San Francisco 21 - Calif.
NOTARY (Seal)	Subscribed and sworn to before me on: June 7 1961	12. Signature of Notary: Serge Arcel	13. SERGE ARCEL Notary Public, State of California - Principal Office, San Francisco County. My Commission Expires Nov. 14, 1964. 3120 Divisadero, San Francisco 22, Calif.

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: statement regarding hospital records		By whom issued and signed: French Hospital, San Francisco Hazel Coomber, medical records	Date Issued: May 17, 1961	Date Orig. Entry: August, 1956
	Date of Birth: May 3, 1896	Birth Place: ----	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 2.	Type of Document: own childs birth certificate		By whom issued and signed: Wash. Vol. #1917, Reg. #4742	Date Issued: Sep. 29, 1955	Date Orig. Entry: child born Nov. 25, 1917
	Date of Birth: age 21	Birth Place: Idaho	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 3.	Type of Document: affidavit by aunt born 1886		By whom issued and signed: Pauline Hirlinger Gill	Date Issued: July 24, 1961	Date Orig. Entry: ----
	Date of Birth: May 3, 1896	Birth Place: Wardner, Idaho	Full Name of Mother: Mary Louis Hirlinger	Name of Father: Gilman B. Brown	

QUALIFYING INFORMATION

Certificate of marriage, License #19883, Spokane Washington, issued by Frank J. Glover, Auditor on July 10, 1961. Date of original entry, Jan. 12, 1916. age: 19 birth place: Idaho, Father's name: Gilman Brown Mother's name: Mary Louise Hirlinger

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Barron	pw pw Penny L. Wing	July 27, 1961

FORM BH 56067

1 copy paid # 15689 5-8-61

DELAYED CERTIFICATE OF BIRTH
STATE OF ILLINOIS

JUL 27 1961

257-107-035-663

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De61- 643

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Oak Allen Knapp			2. Date Of Birth (month) (day) (year): September 7, 1896
	3. Color or Race: white	4. Sex: male	5. Place of Birth a. County: Nez Perce	b. City or Town of Birth: Lewiston, Idaho
FATHER	6. Full Name of Father: Frank Comfort Knapp			7. State or Country of Father's Birth: Wisconsin
MOTHER	8. Full Maiden Name of Mother: Mary M. Wolfe			9. State or Country of Mother's Birth: Pennsylvania
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Oak Allen Knapp		11. Present Address of Registrant: 240 South Pine St. Colville, Washington
NOTARY (Seal)	Subscribed and sworn to before me on: July 31 19 61	12. Signature of Notary: [illegible]		13. Notary Commission expires: July 24 19 64

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Personnel Notification	By whom issued and signed: U.S.Dept.of Agriculture	Date Issued: Dec.27,1940	Date Orig. Entry: Dec. 16, 1940	
	Date of Birth: Sept.7,1896	Birth Place: -----	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 2.	Type of Document: Discharge Paper	By whom issued and signed: U.S. Naval Reserve Force, A. Bloom, Lieut, U.S.N.	Date Issued: Oct.22,1923	Date Orig. Entry: Sept.30,1921	
	Date of Birth: Sept.7,1896	Birth Place: Lewiston,Idaho	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 3.	Type of Document: Personnel Questionnaire	By whom issued and signed: Dept. of Agriculture	Date Issued: -----	Date Orig. Entry: Jan.27,1942	
	Date of Birth: Sept.7,1896	Birth Place: Lewiston,Idaho	Full Name of Mother: Mary M. Wolfe	Name of Father: Frank Comfort Knapp	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W W Barron	Evidence reviewed by: Penny L. Wing	Date Filed: August 3, 1961

FORM BH 56067

7-24-61

AUG 3 1981

743-125-025-68

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De61-731
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: LEWIS LANE PUTMAN
2. Date Of Birth (month) May (day) 25 (year) 1896
3. Color or Race: White
4. Sex: M
5. Place of Birth a. County: Kamiah Idaho
b. City or Town of Birth: Kamiah Idaho

FATHER

6. Full Name of Father: Thurston Lane Putman
7. State or Country of Father's Birth: Oregon Linn Co

MOTHER

8. Full Maiden Name of Mother: Olive Harriett Wykoff
9. State or Country of Mother's Birth: Ill. Marshall Co

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Lewis Lane Putman
11. Present Address of Registrant: Walla Walla Wash

NOTARY (Seal)

Subscribed and sworn to before me on: Feb. 22 1961
12. Signature of Notary: Ralph T. Cannon
13. Notary Commission expires: Mar. 5 1963

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Family Bible Record	Ralph T. Cannon, Notary Public	Aug. 29, 1961	obviously old
Class*	Date of Birth / Birth Place	Full Name of Mother	Name of Father	
	May 25, 1896 / Idaho Co., Idaho	Olive Harriet Putman	Thurston Lane Putman	
SUPPORTING RECORD 2.	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
	Insurance Policy	New York Life Insurance Co.	July 7, 1917	July 14, 1917
Class	Date of Birth / Birth Place	Full Name of Mother	Name of Father	
	May 25, 1896 Kamiah, Idaho	Olive Harriet Putman	-----	
SUPPORTING RECORD 3.	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
	Marriage Record	Walla Walla County, Washington Gladys Gilman, County Auditor	Aug. 22, 1961	June 4, 1918
Class	Date of Birth / Birth Place	Full Name of Mother	Name of Father	
	age 22 / Kamiah, Idaho	Olive H. Wikoff	T. L. Putman	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Barron	Penny L. Wing	Sept. 5, 1961

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

SEP 5 1900

DELAYED CERTIFICATE OF BIRTH

STATE OF (NAME)

REGISTRANT

1. Name (First, Middle, Last) Name at birth

2. Date of birth (Month) (Day) (Year)

3. County of Birth

4. Place of birth

5. Sex

FATHER

6. Full Name of Father

7. State or Country of Father's Birth

MOTHER

8. Full Maiden Name of Mother

9. State or Country of Mother's Birth

AFFIDAVIT

10. I/We, the undersigned upon oath (or, the above-named registrant) state that the above statements are true to the best of my knowledge and belief.

11. Signature of Registrant

SUBSCRIBED AND SWORN

12. Signature of Notary

13. Notary Commission Expires

OFFICIAL USE ONLY

Type of Document

Date Issued

Date Orig. Entry

Place of birth as given above

Full Name of Mother

Name of Father

SUPPORTING DOCUMENT 1

Type of Document

By whom issued and city

Date Issued

Date Orig. Entry

Class

Full Name at Birth

Full Name of Notary

Name of Father

SUPPORTING DOCUMENT 2

Type of Document

By whom issued and city

Date Issued

Date Orig. Entry

Class

Full Name at Birth

Full Name of Notary

Name of Father

REGISTRAR'S CERTIFICATION

I hereby certify that my prior birth certificate has been filed in the division of Vital Statistics for this registrant and that no evidence has been received which contradicts the facts as set forth in the foregoing statement.

Registrar

Evidence received by

Date Filed

615-219-006-155

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De61- 797

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Edith Irene Fjeldsted			2. Date Of Birth (month) Mar (day) 19 (year) 18	
	3. Color or Race	4. Sex: Female	5. Place of Birth a. County: Riverside	Bingham	b. City or Town of Birth: Near Blackfoot
FATHER	6. Full Name of Father: Peter John Fjeldsted			7. State or Country of Father's Birth: Den.	
MOTHER	8. Full Maiden Name of Mother: Bertha Marie Jensen			9. State or Country of Mother's Birth: Den.	
AFFIDAVT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Edith Irene Fjeldsted		11. Present Address of Registrant: RR#2 Blackfoot	
NOTARY (Seal)	Subscribed and sworn to before me on: September 16 1961	12. Signature of Notary: James Peterson Van Orden		13. Notary Commission expires: September 6 19	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: own childs birth certificate	By whom issued and signed: Idaho #228756	Date Issued: ----	Date Orig. Entry: child born Jan. 22, 1935
	Date of Birth: age 38	Birth Place: Riverside, Idaho	Full Name of Mother: ----	Name of Father: ----
SUPPORTING RECORD 2.	Type of Document: Family Record	By whom issued and signed: ----	Date Issued: ----	Date Orig. Entry: obviously old
	Date of Birth: Mar. 19, 1896	Birth Place: Riverside, Bingham	Full Name of Mother: Bertha Marie Jensen	Name of Father: Peter J. Fjeldsted
SUPPORTING RECORD 3.	Type of Document: Church Blessing	By whom issued and signed: George H. Clark, Patriarch, LDS Church	Date Issued: ----	Date Orig. Entry: Mar. 29, 1951
	Date of Birth: Mar 19, 1896	Birth Place: Riverside, Idaho Bingham	Full Name of Mother: Bertha Marie Jensen	Name of Father: Peter John Fjeldsted
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Barron	pw Penny L. Wing	Sept. 28, 1961

FORM BH 56067 (Y) 9-12-61. NM

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

SEP 28 1961

155-122-006-689

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De61- 809

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: MARION VERNZLE JENSEN
2. Date Of Birth: May 22 1896
3. Color or Race: white
4. Sex: male
5. Place of Birth: a. County: Bingham; b. City or Town of Birth: Shelley

FATHER

6. Full Name of Father: Ole Peter Jensen
7. State or Country of Father's Birth: Florence, Nebraska

MOTHER

8. Full Maiden Name of Mother: Eliza Jane Whitehead
9. State or Country of Mother's Birth: England

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Marion Vernzle Jensen
11. Present Address of Registrant: R-1 Shelley Ida

NOTARY (Seal)

Subscribed and sworn to before me on: September 27 1961
12. Signature of Notary: Eugene E. Black
13. Notary Commission expires: April 20 1964

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
insurance policy application	Inter-Mountain Life Insurance	----	Aug.9,1923

Date of Birth	Birth Place	Full Name of Mother	Name of Father
May 22,1896	Bingham County Shelley, Idaho	----	----

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
statement regarding church records	LDS Church Wayne Clifford, Ward Clerk	----	baptized Aug. 6,1904

Date of Birth	Birth Place	Full Name of Mother	Name of Father
May 22,1896	Binham County Shelley, Idaho	Eliza Jane Whitehead	Ole Peter Jensen

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
own childs birth certificate	Idaho #377171	----	child born Aug.11,1915

Date of Birth	Birth Place	Full Name of Mother	Name of Father
age 19	Shelley, Idaho	----	----

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Barron	pw Penny L. Wing	Sept. 29, 1961

FORM BH 56067

SEP 29 1961

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

653-222-028-418

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De61- 876

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Amy Almira Maria Wells			2. Date Of Birth (month) Jan. (day) 22 (year) 1896	
	3. Color or Race: White	4. Sex: F.	5. Place of Birth a. County: Kootenai	b. City or Town of Birth: Harrison, Idaho	
FATHER	6. Full Name of Father: George William Wells			7. State or Country of Father's Birth: Indiana	
MOTHER	8. Full Maiden Name of Mother: Rozeen Day			9. State or Country of Mother's Birth: Kansas	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of ~~REGISTRANT~~ Notary: M E Frandsen	11. Present Address of Registrant: Coeur d'Alene, Idaho	
NOTARY (Seal)	Subscribed and sworn to before me on: March 13, 1958		12. Signature of ~~Notary~~ Registrar: Amy Madson	13. Notary Commission expires: 12/1/61	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: School Census Record		By whom issued and signed: Kootenai County Coeur d'Alene, Idaho	Date Issued: 2-12-58	Date Orig. Entry: Sept. 3, 1907
	Date of Birth: age 11	Birth Place: ----	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 2.	Type of Document: Family Bible Record		By whom issued and signed: Vince Edward, Notary Public	Date Issued: July 14, 1961	Date Orig. Entry: obviously old
	Date of Birth: Jan.22,1896	Birth Place: -----	Full Name of Mother: Alissa Rozeen Wells	Name of Father: George Williams Wells	
SUPPORTING RECORD 3.	Type of Document: Social Security Record		By whom issued and signed: Treasury Department	Date Issued: ------	Date Orig. Entry: Apr.17,1944
	Date of Birth: Jan.22,1896	Birth Place: Kootenai Harrison, Idaho	Full Name of Mother: Alissa Rozeen Day	Name of Father: George William Wells	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W W Barron	Evidence reviewed by: nr pw Penny L. Wing	Date Filed: Oct. 24, 1961

FORM BH 56067

9-6-61

OCT 24 1961

719.-126-036-363

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De61- 887

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: WILLIAM FRANCIS GARNER			2. Date Of Birth (month) Nov. (day) 26 (year) 1896
	3. Color or Race: W.	4. Sex: MALE	5. Place of Birth a. County: CLIFTON, IDA. ONEIDA	b. City or Town of Birth
FATHER	6. Full Name of Father: WILLIAM HENRY GARNER			7. State or Country of Father's Birth: UTAH
MOTHER	8. Full Maiden Name of Mother: MARY EMMA TOLMAN			9. State or Country of Mother's Birth: IDAHO
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: William Francis Garner		11. Present Address of Registrant: HYRUM, UTAH
NOTARY (Seal)	Subscribed and sworn to before me on: Oct. 17 1961	12. Signature of Notary: Gladys J. McBride		13. Notary Commission expires: Oct. 18 1961

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: affidavit by aunt	By whom issued and signed: age 74 Florence Isabell G. Rawlings	Date Issued: Sept. 12, 1961	Date Orig. Entry: ____
	Date of Birth: Nov. 26, 1896 / Birth Place: Oneida Clifton, Idaho	Full Name of Mother: Mary Emma Tolman	Name of Father: William Henry Garner	
SUPPORTING RECORD 2.	Type of Document: Certificate of Blessing	By whom issued and signed: LDS Church, Hyrum 3rd Ward, Kenneth G. Allen, clerk	Date Issued: Sept. 6, 1961	Date Orig. Entry: blessed Jan. 3, 1897
	Date of Birth: Nov. 26, 1896 / Birth Place: Oneida Clifton, Idaho	Full Name of Mother: Mary E. Tolman	Name of Father: William H. Garner	
SUPPORTING RECORD 3.	Type of Document: Marriage License Application	By whom issued and signed: Cache Co. Utah, I.L. Larsen. Cl.	Date Issued: Oct. 24, 1961	Date Orig. Entry: Nov. 24, 1919
	Date of Birth: Nov. 26, 1896 / Birth Place: Oneida Clifton, Idaho	Full Name of Mother: Emma E. Tolman	Name of Father: William H. Garner	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Barron	Evidence reviewed by: pw Penny L. Wing	Date Filed: Oct. 26, 1961

FORM BH 56067

8-31-61

OCT 26 1961

786-123-029-996

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De61- 917

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Alfred Mills Ghormley			2. Date Of Birth (month) July (day) 23 (year) 1896	
	3. Color or Race: White	4. Sex: M	5. Place of Birth a. County: Latah	b. City or Town of Birth: Moscow	
FATHER	6. Full Name of Father: David Owen Ghormley			7. State or Country of Father's Birth: Huntsville, Ohio	
MOTHER	8. Full Maiden Name of Mother: Alice Minerva Irwin			9. State or Country of Mother's Birth: Bellefontaine, Ohio	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Alfred M Ghormley		11. Present Address of Registrant: 1022 Ridgedale Drive Beverly Hills, California	
NOTARY (Seal)	Subscribed and sworn to before me on August 9 1961	12. Signature of Notary: Harry A. Rogahn HARRY A. ROGAHN, Notary Public in and for the State of California, Principal Office Los Angeles County		13. Notary Commission expires: Jan 28 1965	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Photocopy of Passport	By whom issued and signed: Department of State, Washington, D.C. Dean Acheson	Date Issued: Feb.15,1952	Date Orig. Entry: Feb.15,1952	
	Date of Birth: July 23, 1896	Birth Place: Moscow, Idaho	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 2.	Type of Document: own childs birth certificate	By whom issued and signed: Washington, Vol.1937, Reg.2714	Date Issued: Aug.4,1945	Date Orig. Entry: child born June 29,1937	
	Date of Birth: age 40	Birth Place: Idaho	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 3.	Type of Document: Family Record	By whom issued and signed: George A. Watson, Notary Pub.	Date Issued: Nov.16,1946	Date Orig. Entry: obviously old	
	Date of Birth: June 23, 1896	Birth Place: - ---	Full Name of Mother: Alice M. Irwin	Name of Father: David Owen Ghormley	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W M Bannon	pw Penny L. Wing	Nov. 2, 1961

FORM BH 56067

1 copy paid 7-25-61 # 15542

DELAYED CERTIFICATE OF BIRTH

STATE OF OHIO

NOV 2 1961

1. Name of child (First, middle, last)		2. Date of birth (month) (day) (year)	
	Alfred Mills Gourley		July 23 1896
3. Color or race	4. Sex	5. Place of birth - County	6. City or town of birth
	M	Logan	McGraw
7. Full name of father			7. State or country of father's birth
	John Owen Gourley		Pennsylvania Ohio
8. Full maiden name of mother			9. State or country of mother's birth
	Alice Harriet Irwin		Bellefontaine Ohio
10. Usual residence of parents on date of birth (street address or rural route, city or town, county, state)		11. Signature of Registrant	12. Address of Registrant
			1024 Ridgedale Drive Beverly Hills California
13. Subscribed and sworn to before me on (date)	14. Signature of notary		15. Notary Commission expires
	Mark E. McCain Notary Public		

SUPPORTING RECORD 1:	Name of Informant	Address of Informant	Date Signed
	Relationship to Person Registered		
	Date of birth given on line 2	Full Name of Mother	Maiden Name
	Date of Marriage	Place of Marriage	
SUPPORTING RECORD 2:	Type of Document	By whom issued and signed	Date Issued
	Date of birth given on line 2	Full Name of Mother	Maiden Name
	Type of Document	By whom issued and signed	Date Issued
	Date of birth given on line 2	Full Name of Mother	Maiden Name

AFFIDAVIT(S) & DEPOSITION(S)	I (We), (Affiant) and that documentary evidence has been (Affiant) have not been previously submitted to the Division of Vital Statistics for this purpose.
	State Registrar
	Evidence received by
	Date Filed

213-103-003-845

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 61-997

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Frank Ball
2. Date Of Birth (month) (day) (year): Sept. 3 1896
3. Color or Race: White
4. Sex: male
5. Place of Birth: a. County: Bannock; b. City or Town of Birth: Pocatello

FATHER

6. Full Name of Father: Francis Ball
7. State or Country of Father's Birth: Virginia

MOTHER

8. Full Maiden Name of Mother: Nellie Hunter
9. State or Country of Mother's Birth: Salt Lake City Utah

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Frank Ball
11. Present Address of Registrant: Inkom Idaho

NOTARY (Seal)

Subscribed and sworn to before me on: Nov. 24 1961
12. Signature of Notary: A. Ina Coy
13. Notary Commission expires: Jan 18th 1965

APPLICANT — DO NOT WRITE BELOW THIS LINE

	Type of Document	Date of Birth	Birth Place	By whom issued and signed	Full Name of Mother	Date Issued	Name of Father	Date Orig. Entry
SUPPORTING RECORD 1.	Insurance Policy	September 3, 1896	Pocatello, Idaho	Idaho Mutual Benefit Assn. #9661	-------	May 13, 1942	-----	May 13, 1942
SUPPORTING RECORD 2.	Statement regarding marriage record	Age 30	---	Saint Michael's Cathedral Parish, Elizabeth Nolan	Nellie Hunter	11-27-61	Frank Ball	December 31, 1926
SUPPORTING RECORD 3.	Insurance Policy	September 3, 1896	Pocatello, Idaho	Metropolitan Life Co., #1061595	Nellie Ball	12-12-18	----	12-12-18

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	ec Elaine Coy	November 27, 1961

NOV 28 1961

235-205-040-553

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-62-027

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Edith G. Stewart
2. Date of Birth (month) (day) (year): November 5, 1896
3. Color or Race: White
4. Sex: Female
5. Place of Birth — a. County: Shoshone; b. City or Town of Birth: none

FATHER

6. Full Name of Father: Thomas Aaron Stewart
7. State or Country of Father's Birth: Pennsylvania

MOTHER

8. Full Maiden Name of Mother: Rosa Lee Enlow
9. State or Country of Mother's Birth: Nebraska

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Edith G. Norman
11. Present Address of Registrant: 36 N. Cleveland, Blackfoot, Idaho

NOTARY (Seal)

Subscribed and sworn to before me on November 25, 1961.

12. Signature of Notary: H. Wilson Stewart
13. Notary Commission expires: Jan. 31, 1962

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	statement regarding insurance policy records	Gem State Mutual Assn.	Nov.3,1961	May 28,1952
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	Nov.5,1896 / Shoshone, Idaho	----	----	
SUPPORTING RECORD 2.	statement regarding school records	Bingham County, Idaho, School Dist.#29, V.F.Wootton, Clerk	Oct.10,1961	1907&1908
	age 10 / ----	----	Thomas A. Stewart	
SUPPORTING RECORD 3.	Census Record	Bureau of the Cenus Washington, D.C.	Jan. 5, 1962	June 1, 1900
	Nov., 1896 / Idaho	-----	Thomas A. Stewart	

QUALIFYING INFORMATION

own childs birth certificate, Idaho #183636, child born on Aug. 16, 1930

Gives mother's age as 33 and birth place as Shoshone, Idaho

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	pw Shirley Miller	Jan. 11, 1962

FORM BH 56067

11-14-61

JAN 12 1962

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

1. NAME	C. Stewart
2. SEX	Female
3. Date of Birth	November 5, 1890
4. Place of Birth	Shoshone
5. Name of Father	Thomas Aaron Stewart
6. Birthplace of Father	Pennsylvania
7. Maiden Name of Mother	Rosa Lee Knlow
8. Birthplace of Mother	Nebraska
9. Name and address of informant	76 W. Cleveland, Black- foot, Idaho
10. Signature of Informant	
11. Date	
12. Name of Physician or Midwife	
13. Address	
14. Date Received	
15. Registrar's Signature	
16. Date Registered	
17. Remarks	

AFFIDAVIT

I hereby depose that the above statements are true to the best of my knowledge and belief.

Subscribed and sworn to before me on

SUPPLEMENTARY REPORT

Date of Marriage

Place of Marriage

Date of Birth

Place of Birth

Name of Father

Birthplace of Father

Maiden Name of Mother

Birthplace of Mother

Name of Informant

Address of Informant

Date Received

Registrar

Date Filed

Evidence Presented

Remarks

11-IA-61

747-120-004-266

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-62-170

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: McKay Pugmire			2. Date of Birth (month) July (day) 20 (year) 1896
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: St. Charles Bear Lake	b. City or Town of Birth: St. Charles, Idaho
FATHER	6. Full Name of Father: Edward McKay Pugmire			7. State or Country of Father's Birth: Utah, U.S.A.
MOTHER	8. Full Maiden Name of Mother: Luanna Adeline Booth Pugmire			9. State or Country of Mother's Birth: Utah, U.S.A.
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: McKay Pugmire		11. Present Address of Registrant: 585 South 19th, Pocatello, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: February 16 19 62	12. Signature of Notary: A B Clare		13. Notary Commission expires: Nov. 1 19 65

APPLICANT - DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: affidavit by older sister Age: 76	By whom issued and signed: Lois Pugmire Passey		Date Issued: Feb. 21, 1962	Date Orig. Entry: ---
	Date of Birth: July 20, 1896	Birth Place: St. Charles, Idaho	Full Name of Mother: Luanna Adeline Booth Pugmire	Name of Father: Edward McKay Pugmire	
SUPPORTING RECORD 2.	Type of Document: duplicate of church record	By whom issued and signed: Laurence Lystoup, Bishop LDS Church, Pocatello, Idaho		Date Issued: ---	Date Orig. Entry: baptized Aug. 20, 1905
	Date of Birth: July 20, 1896	Birth Place: St. Charles, Idaho	Full Name of Mother: Luanna A. Booth	Name of Father: Edward M. Pugmire	
SUPPORTING RECORD 3.	Type of Document: Personal Record	By whom issued and signed: Pacific Fruit Express Co.		Date Issued: Aug. 26, 1923	Date Orig. Entry: Aug. 26, 1923
	Date of Birth: July 20, 1896	Birth Place: St. Charles, Idaho	Full Name of Mother: ---	Name of Father: E. M. Pugmire	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: Shirley Miller	Date Filed: Feb. 27, 1962

FORM BH 56067 1 Copy pd 7.00

1-31-62

FEB 27 1962

NOV 15 1962

381-115-029-714

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-62-255

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Dearl Franklin Chandler			2. Date of Birth (month) March (day) 15th (year) 1896
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Genesee, Idaho	b. City or Town of Birth: Genesee
FATHER	6. Full Name of Father: Elmer Augustus Chandler			7. State or Country of Father's Birth: Gardner, Maine
MOTHER	8. Full Maiden Name of Mother: Dora Bell Padden			9. State or Country of Mother's Birth: Iowa
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. Dearl Franklin Chandler	10. Signature of Registrant: Dearl Franklin Chandler		11. Present Address of Registrant: 223 South Pittsburg, Spokane, Washington
NOTARY (Seal)	Subscribed and sworn to before me on: 11/18/1961 19___	12. Signature of Notary: A. M. Dolphin		13. Notary Commission expires: May 14th 1963 19___

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: statement regarding school records	By whom issued and signed: Spokane Public Schools W.C.Sorenson, Supt.	Date Issued: Nov.14,1961	Date Orig. Entry: May 1, 1911
	Date of Birth: Mar.15,1896 / Birth Place: -----	Full Name of Mother: -----	Name of Father: E. A. Chandler	
SUPPORTING RECORD 2.	Type of Document: Honorable Discharge	By whom issued and signed: U.S. Army,N.M.Martin,Major	Date Issued: Mar.28,1919	Date Orig. Entry: enlisted Oct.14,1918
	Date of Birth: age 22 / Birth Place: Genesee, Idaho	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 3.	Type of Document: marriage License and marriage certificate	By whom issued and signed: C.O. Sowder, County Recorder	Date Issued: May 12, 1930	Date Orig. Entry: May 12, 1930
	Date of Birth: Age; 34 / Birth Place: ------	Full Name of Mother: Mrs. Dora Chandler	Name of Father: E. A. Chandler	
QUALIFYING INFORMATION	Certificate of Registration, Andrew Precinct, Spokane, Washington, issued by A. A. Brown on Nov. 13, 1961. Registered, Aug. 7, 1944. age 48 birth place, Idaho.			
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.			
	State Registrar: W. W. Benson	Evidence reviewed by: pw Shirley Miller		Date Filed: Mar. 27, 1962

FORM BH 56067

1 copy paid rec. #1136 9-7-61

MAR 28 1962

962-126-030-365

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-62-420

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: CHARLES FREDERICK ROSE			2. Date of Birth (month) June (day) 26 (year) 1896
	3. Color or Race: white	4. Sex: male	5. Place of Birth: Noble, Idaho a. County: Lemhi	b. City or Town of Birth: P. O. Noble, Idaho (Northfork)
FATHER	6. Full Name of Father: August Frederick Rose			7. State or Country of Father's Birth: Camp, Missouri
MOTHER	8. Full Maiden Name of Mother: May Belle Long			9. State or Country of Mother's Birth: Lawrence, Kansas
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Charles Frederick Rose	11. Present Address of Registrant: Salmon, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: May 4, 1962		12. Signature of Notary: [signature]	13. Notary Commission expires: 2/27 1964

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: affidavit by neighbor at time of birth	By whom issued and signed: John E. Webb	Date Issued: April 30, 1962	Date Orig. Entry: -----
	Date of Birth: June 26, 1896 / Birth Place: Noble, Idaho	Full Name of Mother: August F. Rose	Name of Father: May Belle Long	
SUPPORTING RECORD 2.	Type of Document: certified statement concerning Election Register	By whom issued and signed: Paul Adams, Clerk of the District Court	Date Issued: April 30, 1962	Date Orig. Entry: July 22, 1926
	Date of Birth: Age@ 30 / Birth Place: Idaho	Full Name of Mother: ----------	Name of Father: ----------	
SUPPORTING RECORD 3.	Type of Document: application for insurance	By whom issued and signed: New York Life Insurance Company	Date Issued: -----	Date Orig. Entry: June 10, 1950
	Date of Birth: June 26, 1896 / Birth Place: Northfork, Idaho	Full Name of Mother: ----------	Name of Father: ----------	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: SM Shirley Miller	Date Filed: May 24, 1962

FORM BH 56067

4-17-62

MAY 25 1962

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

APR 27 1962

CHILD	1. Name of child (First, middle, last)	2. Date of birth (Month) (Day) (Year)	
	CHARLES FREDERICK ROSE	June 26 1896	
	3. Sex: White	4. Place of birth (City) Noble, Idaho	(County) Lemhi
		5. City or Town of birth? Noble, Idaho (Co.?)	
FATHER	6. Full name of father	7. State or Country of Father's birth	
	August Frederick Rose	Camp, Wisconsin	
MOTHER	8. Full maiden name of Mother	9. State or Country of Mother's birth	
	Mary Belle Long	Lawrence, Kansas	
AFFIDAVIT	Parts declare (each) that the above statements are true to the best of my knowledge and belief.	10. Signature of Applicant	11. Present Address of Applicant: Salmon, Idaho
NOTARY (or O.D.)	Subscribed and sworn to before me on May 1, 1962	12. Signature of Notary	13. Notary Commission expires: 2/27 1964
DOCUMENTARY RECORD 1.	Type of Document: Affidavit by Father	Date Filed: April 30, 1962	Date Orig. Rec'd: ----
	Name of Birth Given Place: Same	Full Name of Mother: Mary B. Rose	Name of Father: August F. Rose
SUPPORTING RECORD 2.	Type of Document: Certified Statement Concerning Marriage	By whom Issued and Signed: Carl Albers, Clerk of Court	Date Issued: April 30, 1962
	Date of Birth Given Place: June 26, 1896 Noble, Idaho	Full Name of Mother: Mary B. Rose	Name of Father: August F. Rose
SUPPORTING RECORD 3.	Type of Document: ----	By whom Issued and Signed: ----	Date Issued: ----
	Date of Birth Given Place: ----	Full Name of Mother: ----	Name of Father: ----
REMARKS			
CERTIFICATION	I hereby certify that no prior birth certificate has been issued in the Division of Vital Statistics for this registrant and that documentary evidence has been submitted which substantiates the facts as set forth in the foregoing abstract.		
	Date Registered: May 1, 1962	Evidence received: Affidavit of Father	Date Filed: May 2, 1962

(Form No. 1-0000)

315-104-003-753

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-62-490

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Thomas Cecil Tanner
2. Date Of Birth: (month) April (day) 4 (year) 1896
3. Color or Race: white
4. Sex: Male
5. Place of Birth: a. County Bannock; b. City or Town of Birth: Perry Idaho

FATHER

6. Full Name of Father: Thomas Craner Tanner
7. State or Country of Father's Birth: Utah U.S.

MOTHER

8. Full Maiden Name of Mother: Ivy May Peck
9. State or Country of Mother's Birth: Utah U.S.

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Thomas Cecil Tanner
11. Present Address of Registrant: 21-West-27th So-S.L.C.

NOTARY (Seal)

Subscribed and sworn to before me on June 15, 1962 Z 19__
12. Signature of Notary: Martha Isaac
13. Notary Commission expires: Feb 27 1965

APPLICANT—DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Church Record	By whom issued and signed: L.D.S. CHURCH, Archive Record	Date Issued: -----	Date Orig. Entry: Feb. 15, 1957	
	Date of Birth: April 4, 1896	Birth Place: Perry, Idaho Bannock County	Full Name of Mother: Ivy May Peck	Name of Father: Thomas Craner Tanner	
SUPPORTING RECORD 2.	Type of Document: certified copy of marriage license	By whom issued and signed: Eugene A. Ottesen, Deputy Clerk	Date Issued: May 11, 1962	Date Orig. Entry: May 9, 1944	
	Date of Birth: Age: 48	Birth Place: -------	Full Name of Mother: -------	Name of Father: -------	
SUPPORTING RECORD 3.	Type of Document: affidavit by neighbor at time of birth; born 1882	By whom issued and signed: Evelyn Allsop Sessions	Date Issued: June 14, 1962	Date Orig. Entry: -------	
	Date of Birth: April 4, 1896	Birth Place: Perry, Idaho	Full Name of Mother: -------	Name of Father: -------	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Barron	Shirley Miller	June 19, 1962

FORM BH 56067

1 copy paid # 5-15-62

JUN 19 1962

862-212-029-5-53

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-62-582

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Ida Marie Hokanson			2. Date of Birth (month) April (day) 12 (year) 1896	
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Troy, Idaho — Latah	b. City or Town of Birth: on farm near Troy, Idaho	
FATHER	6. Full Name of Father: Andrew Hokanson			7. State or Country of Father's Birth: Sweden	
MOTHER	8. Full Maiden Name of Mother: Emma Nelson			9. State or Country of Mother's Birth: Sweden	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Ida Marie Olson	11. Present Address of Registrant: E. 12,310 First Ave. Spokane, Wash.	
NOTARY (Seal)	Subscribed and sworn to before me on July 18 19 61		12. Signature of Notary: Pauline M. Walter	13. Notary Commission expires _____ 19 ____	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Insurance Policy		By whom issued and signed: Sterling Insurance Company	Date Issued: —	Date Orig. Entry: April 11, 1956
	Date of Birth: April 12, 1896	Birth Place: Idaho	Full Name of Mother: —	Name of Father: —	
SUPPORTING RECORD 2.	Type of Document: affidavit by neighbor at time of birth Age: 9½		By whom issued and signed: Mrs. Emil Fredman	Date Issued: July 18, 1960	Date Orig. Entry: —
	Date of Birth: April 12, 1896	Birth Place: Troy, Idaho	Full Name of Mother: Emma Hokanson	Name of Father: Andrew Hokanson	
SUPPORTING RECORD 3.	Type of Document: Census Record		By whom issued and signed: U.S. Bureau of the Census Washington, D.C.	Date Issued: May 8, 1962	Date Orig. Entry: June 1, 1900
	Date of Birth: Age: 4	Birth Place: Idaho	Full Name of Mother: Emma Hokanson	Name of Father: Andrew Hokanson	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Barron	Evidence reviewed by: sm Shirley Miller	Date Filed: July 30, 1962

FORM BH 56067 6-7-60

2-12-62

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

JUL 31 1962

1. Name of person on whom birth occurred (First) Sharla (Middle)	(Last) Mckenzie	2. Date of birth (Month) April	(Day) 12 (Year) 1956
3. Sex Female	4. Color or race White	5. Place of birth (a) City, Town, or Location Idaho Falls	(b) County Bonneville
6. Full name of father Andrew Mckenzie		7. Birthplace of father (State or foreign country) Sweden	
8. Full maiden name of mother Jeanette Nelson		9. Birthplace of mother (State or foreign country) Sweden	
10. Informant's statement as to the facts of birth is made from his personal knowledge and belief.	11. Signature of Informant	12. Mailing Address of Informant (Number and street, or R.F.D. number, City or town, State) R. 12, 2710 Pikes Ave. Idaho Falls, Idaho	
13. Name of person who certifies birth (if other than informant)	14. Signature of Notary	15. Notary Commission expires	

16. Date Filed JUL 30 1962

17. Signature of Local Registrar

18. Remarks

Registrar's Number 62-12

Date Accepted for Registration JUL 31 1962

Amended

Delayed

Original Certificate Not on File

Supplemental

Corrected

Court Order

Affidavit

Item Number | Item Changed | Date Changed | Changed On Authority Of

Signature of Local Registrar

Date Issued JUL 31 1962

Issued by Vital Statistics Section

Pursuant to Section 39-260, Idaho Code, I hereby certify that this is a true and correct copy of the certificate filed with the Bureau of Vital Statistics.

944-230-041-141

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-62-785

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Mary Matilda Rumsey		2. Date Of Birth (month) (day) (year): NOVEMBER 30 1896
	3. Color or Race: WHITE	4. Sex: FEMALE	5. Place of Birth a. County: HAYDEN, TETON, Co. b. City or Town of Birth: HAYDEN, IDAHO
FATHER	6. Full Name of Father: GEORGE BRADLEY RUMSEY		7. State or Country of Father's Birth: UNION Co. IOWA
MOTHER	8. Full Maiden Name of Mother: MINNIE MATILDA ADAMS		9. State or Country of Mother's Birth: LEHI, Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: MARY MATILDA RUMSEY NUNDEL	11. Present Address of Registrant: Rigby IDAHO
NOTARY (Seal)	Subscribed and sworn to before me on: October 17, 1962	12. Signature of Notary: [signature]	13. Notary Commission expires: January 22, 1966

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of Baptism and Confirmation	By whom issued and signed: Ernest Bradshaw, Bishop	Date Issued: --	Date Orig. Entry: baptized Aug. 2, 1925
	Date of Birth: Nov.30,1896 / Birth Place: Fremont County Hayden, Idaho	Full Name of Mother: Matilda Adams	Name of Father: George B. Rumsey	
SUPPORTING RECORD 2.	Type of Document: affidavit by brother, Age:76	By whom issued and signed: George A. Rumsey	Date Issued: Oct.17,1962	Date Orig. Entry: ---
	Date of Birth: Nov.30,1896 / Birth Place: Teton County Haden, Idaho	Full Name of Mother: Minnie Matilda Adams	Name of Father: George Bradley Rumsey	
SUPPORTING RECORD 3.	Type of Document: statement regarding school record	By whom issued and signed: La Monte Bauer, Clerk	Date Issued: Oct. 11, 1962	Date Orig. Entry: 1905-1906
	Date of Birth: Age: 9 / Birth Place: --	Full Name of Mother: --	Name of Father: George B. Rumsey	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: [signature]	Evidence reviewed by: Shirley Miller	Date Filed: October 30,1962

FORM BH 56067

10-3-62

1 copy paid

OCT 30 1962

.255-115-029-755

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-62-803

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Raymond Bernard Kennedy			2. Date of Birth (month) September (day) 15, (year) 1896
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Genesee, Latah County, Idaho	b. City or Town of Birth: Genesee, Idaho
FATHER	6. Full Name of Father: Peter Kennedy			7. State or Country of Father's Birth: Canada
MOTHER	8. Full Maiden Name of Mother: Abigail Pendergast			9. State or Country of Mother's Birth: Canada
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Raymond B Kennedy		11. Present Address of Registrant: 409 N. Garfield St. Moscow, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: Feb. 28 1961	12. Signature of Notary: J M O'Donnell		13. Notary Commission expires: Sept 10 1961

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Family Bible Record	By whom issued and signed: J.M. O'Donnell, Notary Public	Date Issued: March 2,1961	Date Orig. Entry: obviously old	
	Date of Birth: Sept.15, 1896	Birth Place: ----	Full Name of Mother: Abigail Pendergast	Name of Father: Peter Kennedy	
SUPPORTING RECORD 2.	Type of Document: Affidavit by sister	By whom issued and signed: Kathryn Reilly age 78	Date Issued: Mar.28,1961	Date Orig. Entry: ----	
	Date of Birth: Sept.15, 1896	Birth Place: Genesee, Idaho	Full Name of Mother: Abigail Pendergast	Name of Father: Peter Kennedy	
SUPPORTING RECORD 3.	Type of Document: Census Record	By whom issued and signed: U.S. Bureau of the Census Washington D.C.	Date Issued: May 23,1961	Date Orig. Entry: June 1, 1900	
	Date of Birth: Age: 3	Birth Place: Idaho	Full Name of Mother: Abigal Kennedy	Name of Father: Peter Kennedy	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Barron	pw pw Shirley Miller	November 5, 1962

FORM BH 56067 2-21-61

NOV 5 1962

CERTIFICATE OF DEATH

1. NAME OF DECEASED (Type or print)	Raymond Bernard Kennedy		
2. SEX	Male	3. DATE OF DEATH (Month, day, year)	September 14, 1962
4. RACE	White	5. AGE (Last birthday)	39
6. BIRTHPLACE (State or foreign country)	Idaho	7. CITIZEN OF WHAT COUNTRY	U.S.A.
8. USUAL OCCUPATION	Peter Kennedy		
9. KIND OF BUSINESS OR INDUSTRY	Asphalt Pavingyard		
10. RESIDENCE (Street and number or rural route number)	[illegible]	11. INSIDE CITY LIMITS (Yes or No)	[illegible]
12. CITY OR TOWN	[illegible]	13. COUNTY	Lemhi
14. STATE	Idaho	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	[illegible]
16. MARRIED, NEVER MARRIED, WIDOWED, OR DIVORCED (Specify)	[illegible]	17. SURVIVING SPOUSE'S NAME (If wife, give maiden name)	[illegible]
18. FATHER'S NAME	[illegible]	19. MOTHER'S MAIDEN NAME	[illegible]
20. INFORMANT'S NAME AND ADDRESS	[illegible]		
21. PLACE OF DEATH (Hospital, institution, or other)	[illegible]	22. DATE OF DEATH (Month, day, year)	[illegible]
23. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)	(a) [illegible]		
	(b) [illegible]		
	(c) [illegible]		
24. WAS OPERATION PERFORMED? (Yes or No)	[illegible]	25. DATE OF OPERATION (Month, day, year)	[illegible]
26. WAS AUTOPSY PERFORMED? (Yes or No)	[illegible]	27. WERE FINDINGS USED IN DETERMINING CAUSE OF DEATH? (Yes or No)	[illegible]
28. DID TOBACCO USE CONTRIBUTE TO DEATH? (Yes, no, or unknown)	[illegible]		
29. DATE OF INJURY (Month, day, year)	[illegible]	30. HOUR OF INJURY	[illegible]
31. PLACE OF INJURY (e.g., home, farm, factory, street, office building, etc.)	[illegible]		
32. DESCRIBE HOW INJURY OCCURRED	[illegible]		
33. IF TRANSPORTATION ACCIDENT, STATE WHETHER DRIVER, PASSENGER, PEDESTRIAN, ETC.	[illegible]		
34. WAS INJURY AT WORK? (Yes or No)	[illegible]	35. DID INJURY RESULT IN DEATH WITHIN 48 HOURS OF ACCIDENT? (Yes or No)	[illegible]
36. WAS CORONER NOTIFIED? (Yes or No)	[illegible]		
CERTIFICATION	I hereby certify that I attended the deceased from [illegible] to [illegible], that I last saw the deceased alive on [illegible], and that death occurred at [illegible] from the causes and after the duration stated above.		
	[illegible]		

2-21-61

664-110-044-815

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-62-887

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: VERN FRANKLIN WOMACK			2. Date Of Birth (month) 9 (day) 10 (year) 1896	
	3. Color or Race: WHITE	4. Sex: MALE	5. Place of Birth a. County: WEISER WASH.	b. City or Town of Birth: WEISER IDAHO	
FATHER	6. Full Name of Father: WILLIAM NATHANIEL WOMACK			7. State or Country of Father's Birth: Mississippi	
MOTHER	8. Full Maiden Name of Mother: LENA MARY HENRIETTA HANSEN			9. State or Country of Mother's Birth: IDAHO	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Vern Franklin Womack	11. Present Address of Registrant: Sheny Idaho	
NOTARY (Seal)	Subscribed and sworn to before me on: March 6 1961		12. Signature of Notary: William L. Black	13. Notary Commission expires: 9/2 1962	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: statement regarding employment record		By whom issued and signed: The Colorado Milling & Elevator Company; Denver, Col.	Date Issued: Mar. 6, 1961	Date Orig. Entry: Mar. 1, 1919
	Date of Birth: Sept. 10, 1896	Birth Place: --	Full Name of Mother: --	Name of Father: --	
SUPPORTING RECORD 2.	Type of Document: affidavit by sister: age: 77		By whom issued and signed: May Winschell	Date Issued: Mar. 7, 1961	Date Orig. Entry: -----
	Date of Birth: Sept. 10, 1896	Birth Place: Weiser, Idaho	Full Name of Mother: Lena Mary Henrietta Hansen	Name of Father: William Nathaniel Womack	
SUPPORTING RECORD 3.	Type of Document: own child's birth certificate		By whom issued and signed: File #85647, Idaho	Date Issued: -----	Date Orig. Entry: child born Nov. 20, 1920
	Date of Birth: Age: 24	Birth Place: Idaho	Full Name of Mother: ---	Name of Father: - --	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: D W Bowman	Evidence reviewed by: Shirley Miller	Date Filed: December 6, 1962

FORM BH 56067

1 copy paid 1-20-61

DEC 6 1982

819-127-025-366

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-63-103

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: BRYAN BERTRANDE HART			2. Date Of Birth (month) FEBRUARY (day) 27 (year) 1896
	3. Color or Race: white	4. Sex: male	5. Place of Birth a. County: Idaho	b. City or Town of Birth: Stites
FATHER	6. Full Name of Father: Louis Oscar Hart			7. State or Country of Father's Birth: Illinois
MOTHER	8. Full Maiden Name of Mother: Clara Amarille Lowry			9. State or Country of Mother's Birth: Missouri
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Bryan Bertrande Hart		11. Present Address of Registrant: 1317-Centre Street South Calgary Alberta
NOTARY (Seal)	Subscribed and sworn to before me on: February 2 1963	12. Signature of Notary: L. MacPherson		13. Notary Commission expires: is permanent 19

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of Canadian Citzenship No. 89184	By whom issued and signed: N.E. Harris, Minister of Citizenship and immigration	Date Issued: ½----	Date Orig. Entry: Sept. 30, 1950	
	Date of Birth: Feb.27,1896	Birth Place: Stites, Idaho	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 2.	Type of Document: statement regarding hospital record- Associate Clinic, Calgary, Alberta, Canada	By whom issued and signed: Dr. L. I. Younger, Calgary	Date Issued: Oct.29,1962	Date Orig. Entry: Sept. 8, 1939	
	Date of Birth: Feb.27,1896	Birth Place: Stites, Idaho	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 3.	Type of Document: affidavit by aunt, born Dec. 16, 1879	By whom issued and signed: Mrs. Sarah E. Hart	Date Issued: Dec. 13, 1962	Date Orig. Entry: --	
	Date of Birth: Feb.27,1896	Birth Place: Stites, Idaho	Full Name of Mother: Clara Amy Lowry	Name of Father: Louis Oscar Hart	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. L. Benson	Evidence reviewed by: Shirley Miller	Date Filed: February 8, 1963

FORM BH 56067 10-8-62 1 copy paid

DELAYED CERTIFICATE OF BIRTH

FEB 8 1963

1. Registrant's Full Name at Birth

2. Date of Birth (Month) (Day) (Year)
JANUARY 27, 1895

3. City or Town of Birth

4. County of Birth

5. State or Country

6. Sex

7. Race

8. Usual Residence at Time of Application for Delayed Certificate

9. Present Age in Years

10. Name of Father

11. Birthplace of Father

12. Maiden Name of Mother

13. Birthplace of Mother

14. Number of Previous Marriages of Mother

15. Occupation of Father

16. Kind of Business or Industry

17. Name and Address of Informant

18. Relationship of Informant to Registrant

19. Basis for Knowledge of Facts

20. Signature of Informant

21. Date Signed

22. Signature of Registrar

23. Date Filed
FEBRUARY 8, 1963

294-213-016-819

Department of Public Health
Division of Vital Statistics
Boise, Idaho

NOV 3 1953

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-63-275
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Lucy Coila Simpson		2. Date of Birth (month) January (day) 13 (year) 1896	
	3. Color or Race: white	4. Sex: female	5. Place of Birth a. County: Cassia	b. City or Town of Birth: Goose Creek, Idaho
FATHER	6. Full Name of Father: George Pruce Simpson		7. State or Country of Father's Birth: Salt Lake, Utah	
MOTHER	8. Full Maiden Name of Mother: Mary Elizabeth Hardy		9. State or Country of Mother's Birth: Toole County, Utah.	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Lucy Coila Simpson Workman	11. Present Address of Registrant: 613 B. So. Pacific Ave. Glendale, Calif.	
NOTARY (Seal)	Subscribed and sworn to before me on: September 23, 1953	12. Signature of Notary: Grace Bistline	13. Notary Commission expires: August 3, 1957	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by an Aunt	By whom issued and signed: Lucy Huntsman	Date Issued: Sept. 28, 1953	Date Orig. Entry
Class* B	Date of Birth: Jan. 13, 1896	Birth Place: Cassia County	Full Name of Mother: Mary Elizabeth Simpson	Name of Father: George Pruce Simpson
SUPPORTING RECORD 2.	Type of Document: Church Record LDS Church	By whom issued and signed: Ella D. Jack, Custodian of Church Membership Records	Date Issued: Jan.27,1943	Date Orig. Entry: baptized Sept. 1, 1906
Class	Date of Birth: Jan.13,1896	Birth Place: Goose Creek, Idaho	Full Name of Mother: Mary A. Hardy	Name of Father: George Simpson
SUPPORTING RECORD 3.	Type of Document: Statement regarding Marriage License	By whom issued and signed: LaMonte Bauer, Clerk of the District Court	Date Issued: Mar.25,1963	Date Orig. Entry: Nov. 20, 1916
Class	Date of Birth: Age: 20	Birth Place: ----	Full Name of Mother: ------	Name of Father: ------
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Barron	sm Shirley Miller	April 8, 1963

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

APR 8 1963

CERTIFICATE OF BIRTH

STATE OF IDAHO

1. Name of child (If not named, so state)	2. Date of birth
3. Sex	4. Place of birth — County: Cassia
5. Full name of father	6. Full maiden name of mother
7. State or Country of father's birth	8. State or Country of mother's birth
9. Color or race of father	10. Color or race of mother
11. Age of father at last birthday	12. Age of mother at last birthday
13. Occupation of father	14. Occupation of mother
15. Industry or business in which employed	16. Industry or business in which employed
17. Number of previous children born to this mother	18. Number of these children now living
19. Informant's name and address	20. Relationship to child
21. Date accepted for registration	22. Registrar's signature

I hereby certify that the above information is true and correct to the best of my knowledge and belief.

Subscribed and sworn to before me on _____ 19__

_____
Signature of Informant

_____
Signature of Notary

_____
Notary Commission expires

AFFIDAVIT — DO NOT WRITE BELOW THIS LINE

Type of Document: Affidavit by an Aunt

Date of Birth Birth Place: _____, 19__ Cassia County

Name of Mother: Mary Elizabeth Ballmoser

Name of Father: _____

Date Issued: _____ Date Orig. Cert. Issued: _____

Name of Registrar: _____

AFFIDAVIT

STATE OF IDAHO, County of Cassia, ss.

Mary E. Ballmoser, being first duly sworn, deposes and says: That she is a resident of Burley, Cassia County, Idaho; that she is the aunt of Larry Humberger, who was born on the _____ day of _____, 19__, at _____, Cassia County, Idaho; that the full name of the father of said child is _____, and that the full maiden name of the mother of said child is Mary Elizabeth Ballmoser; that the said Larry Humberger is the only child born to said parents.

Subscribed and sworn to before me this 8th day of April, 1963.

_____
Notary Public for Idaho
Residing at Burley, Idaho
My commission expires: _____

AFFIDAVIT

STATE OF IDAHO, County of Cassia, ss.

Mary E. Ballmoser, being first duly sworn, deposes and says: That she is a resident of Burley, Cassia County, Idaho; that she is the aunt of Larry Humberger, who was born on the _____ day of _____, 19__, at _____, Cassia County, Idaho; that the full name of the father of said child is _____, and that the full maiden name of the mother of said child is Mary Elizabeth Ballmoser; that the said Larry Humberger is the only child born to said parents.

Subscribed and sworn to before me this 8th day of April, 1963.

_____
Notary Public for Idaho
Residing at Burley, Idaho
My commission expires: _____

REGISTRAR'S CERTIFICATE

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this child and that documentary evidence has been received which substantiates the facts as set forth in the foregoing affidavit.

Registrar — Date Issued: April 8, 1963

454-22-001-795

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De63-616

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Albert Arlen DeMeyer			2. Date Of Birth (month) June (day) 22 (year) 1896
	3. Color or Race: White	4. Sex: male	5. Place of Birth: (Home) Boise a. County: Ada	b. City or Town of Birth: Boise
FATHER	6. Full Name of Father: Eward Henry DeMeyer			7. State or Country of Father's Birth: Belgium
MOTHER	8. Full Maiden Name of Mother: Emma Givert			9. State or Country of Mother's Birth: Belgium
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Albert Arlen DeMeyer		11. Present Address of Registrant: Route #2 Boise, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: Sept. 6 1963	12. Signature of Notary: R.D. Barker		13. Notary Commission expires: July 9 1966

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by Mother	By whom issued and signed: Emma DeMeyer	Date Issued: -----	Date Orig. Entry: September 6, 1963
	Date of Birth: June 22, 1896 / Birth Place: Boise, Idaho	Full Name of Mother: Emma Givert	Name of Father: Edward Henry DeMeyer	
SUPPORTING RECORD 2.	Type of Document: App. to Insurance Policy	By whom issued and signed: Northern Life Insurance Co. Seattle, Washington	Date Issued: ----	Date Orig. Entry: Decmeber 22, 1930
	Date of Birth: June 22, 1896 / Birth Place: Boise, Idaho	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 3.	Type of Document: Certificate of Baptism	By whom issued and signed: St. John's, Boise, Idaho	Date Issued: ----	Date Orig. Entry: Baptized July 19, 1896
	Date of Birth: June 22, 1896 / Birth Place: -----	Full Name of Mother: Emma Gevert	Name of Father: Edward DeMeyer	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Betty Morris	September 6, 1963

FORM BH 56067

SEP 6 1963

CERTIFICATE OF BIRTH
STATE OF IDAHO

Mary Ann Hayes

613-21402-533

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De. 64-371

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Chloy Walker,		2. Date of Birth (month) June (day) 14, (year) 1896
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Idaho[illegible], Fremont now Jefferson. b. City or Town of Birth: Lewisville,
FATHER	6. Full Name of Father: Erastus Walker		7. State or Country of Father's Birth: Utah, U.S.A.
MOTHER	8. Full Maiden Name of Mother: Alice Elizabeth Ellsworth		9. State or Country of Mother's Birth: Utah, U.S.A.
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Chloy Walker Harrop	11. Present Address of Registrant: Lorenzo, Rt,1, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on 2-7 1957	12. Signature of Notary: Lyle A Fielding	13. Notary Commission expires 6-28 1959

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by Father	By whom issued and signed: Erastus Walker	Date Issued: 2-7-57	Date Orig. Entry:
	Date of Birth: June 14, 1896 / Birth Place: Fremont County Lewisville, Ida	Full Name of Mother: Alice Elizabeth Ellsworth	Name of Father: Erastus Walker	
SUPPORTING RECORD 2.	Type of Document: Son's Birth certificate	By whom issued and signed: Idaho #158065	Date Issued:	Date Orig. Entry: Child born 12-27-27
	Date of Birth: age 31 / Birth Place: Idaho	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 3.	Type of Document: Certified copy of marriage license affidavit	By whom issued and signed: Bonneville Co., Idaho,	Date Issued: May 18, 1964	Date Orig. Entry: Sept. 9, 1913
	Date of Birth: age 17 / Birth Place: ---	Full Name of Mother: ---	Name of Father: E. Walker	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	ss Glenda M. Larson	May 19, 1964

FORM BH 56067

1 copy

MAY 22 1964

593. 466-219-003-689

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 64-593

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Arthurena Ellen Mower			2. Date Of Birth (month) (day) (year): March 19, 1896
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Bannock	b. City or Town of Birth: Pocatello
FATHER	6. Full Name of Father: Robert Allen Mower			7. State or Country of Father's Birth: Ogden, Utah
MOTHER	8. Full Maiden Name of Mother: Arthurena White			9. State or Country of Mother's Birth: England
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Ellen Luthrie		11. Present Address of Registrant: 925 Park Blvd Boise
NOTARY (Seal)	Subscribed and sworn to before me on: August 31 1964	12. Signature of Notary: Hazel L. Hurlbert		13. Notary Commission expires: Sept. 28 1964

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Family Bible Record	By whom issued and signed: Family Bible	Date Issued: --------	Date Orig. Entry: March 19, 1896
	Date of Birth: March 19, 1896 / Birth Place: Pocatello, Ida.	Full Name of Mother: Arthurena White Mower	Name of Father: Robert Allen Mower	
SUPPORTING RECORD 2.	Type of Document: L. D. S. Church Record	By whom issued and signed: Ransom E. Harris, William D. Glover	Date Issued: -----	Date Orig. Entry: Blessed June 7, 1896
	Date of Birth: March 19 1896 / Birth Place: Pocatello, Idaho	Full Name of Mother: Arthurena White Mower	Name of Father: Robert Allen Mower	
SUPPORTING RECORD 3.	Type of Document: Own child's birth certificate	By whom issued and signed: on file with state of Idaho # 248700	Date Issued: --------	Date Orig. Entry: child born Oct. 14, 1936
	Date of Birth: Age 40 / Birth Place: Pocatello, Idaho	Full Name of Mother: ----------	Name of Father: ----------	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: Florence Curtright	Date Filed: August 31, 1964

FORM BH 56067

AUG 31 1964

Robert Allen Mower

Arthurena White

Family Bible Record

March 15,

Church Record

March 15

1890 Cocatello, Idaho

Son's child's birth certificate

Age 40 Cocatello, Idaho

W. N. Benson

Florence Curtis

August 31, 1964

819-214-010-846

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 64-622

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Mabel Rozilla Harmon
2. Date Of Birth (month) Feb. (day) 14 (year) 1896
3. Color or Race: White
4. Sex: F
5. Place of Birth: Idaho a. County: Bonneville
b. City or Town of Birth: Shelton ~~Idaho~~ Ida.

FATHER

6. Full Name of Father: Oliver Charles Harmon
7. State or Country of Father's Birth: Summit Co. Utah.

MOTHER

8. Full Maiden Name of Mother: Susan Adeliza Huffaker.
9. State or Country of Mother's Birth: Summit Co. Utah.

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Mabel Rozilla Harmon
11. Present Address of Registrant: Simms, Mont.

NOTARY (Seal)

Subscribed and sworn to before me on Sept 16th 1960

12. Signature of Notary: NOTARY PUBLIC for the State of Montana
Residing at Great Falls, Montana
My Commission Expires ~~August 1, 1962~~ February

13. Notary Commission expires: Feb. 1st 1962

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
own childs birth certificate	Idaho #74040	May 11,1942	child born Dec.2,1919

Date of Birth	Birth Place	Full Name of Mother	Name of Father
age 23	Idaho	-----	-----

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
affidavit by step-brother	Sheldon P.Cutler born 1885	Oct.11,1960	------

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Feb.14,1896	Bonneville County Shelton Ward,Ida.	Susan Adliza Huffaker	Oliver Charles Harmon

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Statement of medical record by doctor	H. W. Fuller, M.D., Great Falls Clinic, Montana	April 24, 1964	March 7,1951

Date of Birth	Birth Place	Full Name of Mother	Name of Father
age 55	---	---	---

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	pw Glenda Larson	Sept. 15, 1964

FORM BH 56067 7-29-60 one copy paid #05203

JUL 27 1967

IDAHO

944-128-022-343

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 64-660

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Melvin John Rudd
2. Date of Birth (month) March (day) 28 (year) 1896
3. Color or Race: white
4. Sex: Male
5. Place of Birth a. County: Fremont
b. City or Town of Birth: Parker, Idaho

FATHER

6. Full Name of Father: Joseph Sidney Rudd
7. State or Country of Father's Birth: Farmington Utah

MOTHER

8. Full Maiden Name of Mother: Vilate Eliza Lucas
9. State or Country of Mother's Birth: Essex England

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Melvin J Rudd
11. Present Address of Registrant: Rt # 2 Bx 168 St. Anthony, Ida

NOTARY (Seal)

Subscribed and sworn to before me on: Sept. 24, 1964 19____
12. Signature of Notary: La Monte Bauer, Clerk of Dist. Court
13. Notary Commission expires: elective 19____

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Certificate of Ordination to the Holy Priesthood	LDS Church, Joseph F. Merrill, High Priest	---	Sept. 26, 1943

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Mar. 28, 1896	Parker, Idaho	Vilate Eliza Lucas	Joseph Sidney Rudd

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
application to insurance co. photocopy	National Public Service Insurance Company	---	April 9, 1952

Date of Birth	Birth Place	Full Name of Mother	Name of Father
March 28, 1896	Parker, Idaho	---	---

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Certificate of Baptism and Confirmation Duplicate	Parker Ward, Yellowstone Stake, LDS Church	Feb. 11, 1962	baptized July 2, 1904

Date of Birth	Birth Place	Full Name of Mother	Name of Father
March 28, 1896	Parker, Fremont County, Idaho	Vilate Eliza Lucas	Joseph Sidney Rudd

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	gml Glenda Larson	Sept. 25, 1964

FORM BH 56067 1 copy paid rec # 4683

9-23-64

Arnold

SEP 25 1964

864-120-016-434

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 64-717

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: LEO KING HOMER
2. Date of Birth (month) (day) (year): July 20, 1896
3. Color or Race: White
4. Sex: Male
5. Place of Birth: a. County: Oakley Cassia; b. City or Town of Birth: United States Oakley

FATHER

6. Full Name of Father: Benjamin King Homer
7. State or Country of Father's Birth: United States Utah

MOTHER

8. Full Maiden Name of Mother: Juliette McMurray
9. State or Country of Mother's Birth: United States Utah

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Leo K. Homer
11. Present Address of Registrant: 3448 Walnut Ave Carmichael, Calif

NOTARY (Seal)

Subscribed and sworn to before me on: July 31 1964
12. Signature of Notary: Jane Patterson
13. Notary Commission expires: April 30 1965

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Insurance policy #7AH-1142	Commerical Travelers Insurance Company	Jan. 27, 1939	Jan. 27, 1939

Date of Birth	Birth Place	Full Name of Mother	Name of Father
July 20, 1896	Oakley, Idaho	---	---

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Own child's birth certificate	On file Idaho #152795	---	child born June 9, 1927

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Age 30	Oakley, Idaho	---	---

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Patriarchal Blessing	James England, Patriarch	March 5, 1917	March 5, 1917

Date of Birth	Birth Place	Full Name of Mother	Name of Father
July 20, 1896	Oakley, Idaho	Etta McMurray	Benjamine King Homer

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Barron	gml Glenda Larson	Oct. 23, 1964

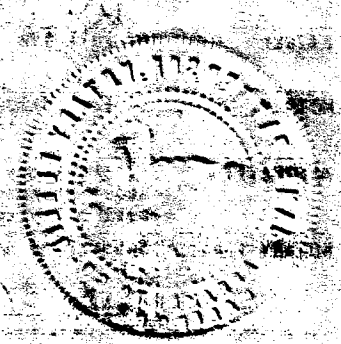
FORM BH 56067

1 copy Bd. rec. #4481

10 6 —

Homer

OCT 23 1964



168-119-006-4389

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 64-751
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Ambrose Wilford Johnson
2. Date Of Birth (month) Nov. (day) 19 (year) 1896
3. Color or Race: white
4. Sex: M
5. Place of Birth a. County: Bingham
b. City or Town of Birth: Idaho Falls, Idaho

FATHER

6. Full Name of Father: Gustaf Johnson
7. State or Country of Father's Birth: Sweden

MOTHER

8. Full Maiden Name of Mother: Anna Sofia Christenson
9. State or Country of Mother's Birth: Sweden

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Ambrose W. Johnson
11. Present Address of Registrant: 2004 Jefferson Boise Idaho

NOTARY (Seal)

Subscribed and sworn to before me on November 10 1964
12. Signature of Notary: Hazel L. Hurlbert
13. Notary Commission expires: Sept. 28 1968

APPLICANT — DO NOT WRITE BELOW THIS LINE

	Type of Document	Date of Birth	Birth Place	By whom issued and signed	Full Name of Mother	Date Issued	Date Orig. Entry	Name of Father
SUPPORTING RECORD 1. Class*	Certificate of Birth for Ambrose Wilford Johnson	Nov. 19 1896	Bingham County Idaho Falls,	The Church of Jesus Christ of Latter-day Saints- J. Smith	Anna Sofia Christenson	Nov. 4, 1964	Recorded Sept.3 1905	Gustaf Johnson
SUPPORTING RECORD 2. Class	Photo-copy from family Bible	Nov. 19 1896	Idaho Falls Idaho	Family Bible	Anna Sofia Christenson	-------	Obviously old	Gustaf Johnson
SUPPORTING RECORD 3. Class	Discharge from the U. S. Army	Age 21	Idaho Falls, Ida.	A.curters, F. A. Colonel, Commanding	---------	Dec. 20 1918	Enlisted Aug.8 1918	----------

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Florence Curtright	Nov. 10, 1964

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

NOV 10 1954

666-28-001-319

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 64-763

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Doris Wood			2. Date of Birth: August 28 1896
	3. Color or Race: White	4. Sex: Female	5. Place of Birth: a. County: Ada	b. City or Town of Birth: Boise
FATHER	6. Full Name of Father: Fremont Wood			7. State or Country of Father's Birth: Maine
MOTHER	8. Full Maiden Name of Mother: Carrie Cartee			9. State or Country of Mother's Birth: Oregon
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Doris Wood		11. Present Address of Registrant: 1100½ So Cloverdale Los Angeles, Cal. 90036
NOTARY (Seal)	Subscribed and sworn to before me on: August 25, 1964	12. Signature of Notary: Clifton D. Peyton		13. Notary Commission expires: CLIFTON D. PEYTON My Commission Expires Aug 31, 1967

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by sister age 78	By whom issued and signed: Fayette Wood Simpson	Date Issued: March 7, 1964	Date Orig. Entry: ----
	Date of Birth: Aug. 28, 1896 / Birth Place: Boise, Ada County Idaho	Full Name of Mother: Carrie Cartee	Name of Father: Fremont Wood	
SUPPORTING RECORD 2.	Type of Document: Federal Census Record	By whom issued and signed: U. S. Department of Commerce Bureau of the Census	Date Issued: Sept. 2, 1964	Date Orig. Entry: June 1, 1900
	Date of Birth: Aug. 1896 / Birth Place: Idaho	Full Name of Mother: Carrie C. Wood	Name of Father: Fremont Wood	
SUPPORTING RECORD 3.	Type of Document: Statement regarding school record	By whom issued and signed: Boise Public Schools, Boise Senior High. R. G. Firman, Principal	Date Issued: October 16, 1964	Date Orig. Entry: Sept. 7, 1916
	Date of Birth: August 28, 1896 / Birth Place: -----	Full Name of Mother: ----	Name of Father: Fremont Wood	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: gml Glenda Larson	Date Filed: Nov. 23, 1964

FORM BH 56067

11-23-64

Wood.

NOV 23 1964

415-130-036-693

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 64-780

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Leonard Mansfield			2. Date of Birth (month) June (day) 30 (year) 1896	
	3. Color or Race: Caucasian	4. Sex: M	5. Place of Birth a. County: Samaria / Oneida	b. City or Town of Birth: Samaria, Oneida Co., Idaho	
FATHER	6. Full Name of Father: Brigham Young Mansfield			7. State or Country of Father's Birth: Ashborne, Derbyshire, England	
MOTHER	8. Full Maiden Name of Mother: Elizabeth Ann Williams			9. State or Country of Mother's Birth: Breconshire, South Wales	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Leonard Mansfield		11. Present Address of Registrant: Samaria, Oneida Co., Idaho	
NOTARY (Seal)	Subscribed and sworn to before me on: September 28, 1964	12. Signature of Notary: [illegible]		13. Notary Commission expires: July 31, 1967	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by Aunt Age 82	By whom issued and signed: Hannah Snyder	Date Issued: Sept. 28, 1964	Date Orig. Entry: ---
	Date of Birth: June 30, 1896 / Birth Place: Samaria, Oneida County, Idaho	Full Name of Mother: Elizabeth Ann Williams	Name of Father: Brigham Young Mansfield	
SUPPORTING RECORD 2.	Type of Document: photocopy of application to insurance company	By whom issued and signed: Continental Life and Accident Company	Date Issued: ---,	Date Orig. Entry: Sept. 24, 1954
	Date of Birth: June 30, 1896 / Birth Place: Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: Certificate of Record of membership	By whom issued and signed: LDS Church, Salt Lake City, Utah	Date Issued: Nov. 16, 1964	Date Orig. Entry: blessed Aug. 6, 1896
	Date of Birth: June 30, 1896 / Birth Place: Samaria, Idaho	Full Name of Mother: Elizabeth Ann Williams	Name of Father: Brigham Y. Mansfield	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: gml Glenda Larson	Date Filed: Nov. 25, 1964

FORM BH 56067

Springfield

NOV 27 1964

884-230-004-699

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 65-022

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Zina Hymas		2. Date of Birth (month) March (day) 30 (year) 1896
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Bear Lake; b. City or Town of Birth: Liberty, Idaho
FATHER	6. Full Name of Father: John William Hymas		7. State or Country of Father's Birth: Idaho, U.S.A.
MOTHER	8. Full Maiden Name of Mother: Rosa Lee Orr		9. State or Country of Mother's Birth: Utah, U.S.A.
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Zina H Lindsay	11. Present Address of Registrant: Route 5, Rupert, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: January 6 1965	12. Signature of Notary: Amanda Bethke	13. Notary Commission expires: January 1967

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Statement from the Clerk's Roll of Registered Electors	By whom issued and signed: Minidoka County, August C. Bethke, clerk, Rupert, Idaho	Date Issued: Jan.8,1965	Date Orig. Entry: Oct. 18, 1926	
	Date of Birth: Age 30	Birth Place: -----	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 2.	Type of Document: Own child's birth certificate	By whom issued and signed: On file Idaho #175725	Date Issued: ---	Date Orig. Entry: child born Oct. 8, 1929	
	Date of Birth: Age 33	Birth Place: Liberty, Idaho	Full Name of Mother: ----	Name of Father: -----	
SUPPORTING RECORD 3.	Type of Document: certified copy of Application for License to Marry	By whom issued and signed: Salt Lake County, Utah, Alvin Keddington, clerk	Date Issued: Aug.26,1964	Date Orig. Entry: April 8, 1920	
	Date of Birth: March 30, 1896	Birth Place: Liberty, Idaho	Full Name of Mother: Rosa Lee Orr	Name of Father: John William Hymas	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Barson	Glenda Larson	Jan. 13, 1965

FORM BH 56067

JAN 13 1965

Lindsay



249-223-022-766

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. Be 65-790

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Phoebe Ann Smith			2. Date Of Birth (month) (day) (year): November 23, 1896
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Fremont	b. City or Town of Birth: St. Anthony
FATHER	6. Full Name of Father: Samuel Smith			7. State or Country of Father's Birth: Pennsylvania
MOTHER	8. Full Maiden Name of Mother: Sarah Ann Powell			9. State or Country of Mother's Birth: Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Phoebe Ann Cooper		11. Present Address of Registrant
NOTARY (Seal)	Subscribed and sworn to before me on: 10/25 1965	12. Signature of Notary: [signature]		13. Notary Commission expires: 2/22/1966 19

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own childs birth certificate	By whom issued and signed: on file with state of Idaho # 255979	Date Issued: ------	Date Orig. Entry: child born June 10, 1937
	Date of Birth: Age 40	Birth Place: Idaho	Full Name of Mother: ----------	Name of Father: ----------
SUPPORTING RECORD 2.	Type of Document: Statement regarding hospital records	By whom issued and signed: St. Alphonsus Hospital, Boise Idaho	Date Issued: Nov.2,1965	Date Orig. Entry: June 27, 1955
	Date of Birth: Age 58 born Nov.23rd	Birth Place: Idaho	Full Name of Mother: -----	Name of Father: Samuel Smith
SUPPORTING RECORD 3.	Type of Document: Affidavit by relative and neighbor at time of birth	By whom issued and signed: Celia Buchenau	Date Issued: Oct.26,1965	Date Orig. Entry: ------
	Date of Birth: Nov.23,1896	Birth Place: St. Anthony, Idaho Fremont County	Full Name of Mother: Sarah Ann Powell	Name of Father: Samuel Smith
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W W Benson	Evidence reviewed by: fc gml Glenda Larson	Date Filed: November 2,1965

FORM BH 56067 in office 11-2-65

NOV 2 1965

814-227-008-419

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 65-892

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Mary Hamaker			2. Date of Birth (month) February (day) 27 (year) 1896
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: (now Valley) Boise	b. City or Town of Birth: Alpha
FATHER	6. Full Name of Father: Robert D. Hamaker			7. State or Country of Father's Birth: Virginia
MOTHER	8. Full Maiden Name of Mother: Frances J. Jarvis			9. State or Country of Mother's Birth: W. Virginia
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: X Mary H. Patterson		11. Present Address of Registrant: 1415 N 17th Boise, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: December 7 1965	12. Signature of Notary: Hazel L. Hurlbert		13. Notary Commission expires: Sept. 28 1968

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Family Record	By whom issued and signed: Childs name recorded on parents marriage license	Date Issued: -----	Date Orig. Entry: Obviously old
	Date of Birth: Feb. 27 1896 / Birth Place: Idaho	Full Name of Mother: Frances J. Jarvis	Name of Father: Robert D. Hamaker	
SUPPORTING RECORD 2.	Type of Document: Personnel Record	By whom issued and signed: Dept. of Public Assistance State of Idaho	Date Issued: Jan. 1, 1938	Date Orig. Entry: Jan. 1, 1938
	Date of Birth: Feb. 27 1896 / Birth Place: Alpha, Idaho	Full Name of Mother: -------	Name of Father: ---------	
SUPPORTING RECORD 3.	Type of Document: Ins. Policy	By whom issued and signed: Health Service, Inc. Paul R. Hawley	Date Issued: Nov. 1, 1953	Date Orig. Entry: --------
	Date of Birth: Feb. 27 1896 / Birth Place: Alpha, Idaho	Full Name of Mother: ----------	Name of Father: ----------	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Florence Curtright	Dec. 7, 1965

FORM BH 56067

DEC 10 1965

DE 65-332

February 27, 1965

Mary Hoagker

White Female (Deer Valley) Boise Alpha

Virginia

Robert D. Hoagker

Frank J. Jarvis W. Virginia

Family Record

Feb. 27
1965 Idaho Francer L. Jarvis Robert D. Hoagker

Unsigned Legend

Feb. 27
1965 Alpha, Idaho Dept. of Public Assistance State of Idaho Jan. 1, 1938 Jan. 1, 1938

Ins. Policy

Feb. 27
1965 Alpha, Idaho Health Service, Inc. Paul R. Healey Nov. 1, 1953

W. W. Benson Florence Overtright Dec. 7, 1965

552719-038-234

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 66-920

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Clarence Scott Nesbitt		2. Date of Birth (month) August (day) 19 (year) 1896
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Payette; b. City or Town of Birth: Falk
FATHER	6. Full Name of Father: John Frank Nesbitt		7. State or Country of Father's Birth: Vermont
MOTHER	8. Full Maiden Name of Mother: Mary Jane Stuart		9. State or Country of Mother's Birth: Illinois
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Clarence S. Nesbitt	11. Present Address of Registrant: R2 New Plymouth, Ida
NOTARY (Seal)	Subscribed and sworn to before me on: September 14 1966	12. Signature of Notary: Hazel L. Hurlbert	13. Notary Commission expires: Sept. 28 1968

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own childs birth certificate	By whom issued and signed: 240869 on file with state of Idaho	Date Issued: ------	Date Orig. Entry: child born Feb. 2, 1936
	Date of Birth: Age 39	Birth Place: Falk, Idaho	Full Name of Mother: ---------	Name of Father: - --------
SUPPORTING RECORD 2.	Type of Document: Family Bible	By whom issued and signed: Family Records	Date Issued: -------	Date Orig. Entry: obviously old
	Date of Birth: Aug. 19, 1896	Birth Place: -----	Full Name of Mother: Mary Jane Stuart	Name of Father: John F. Nesbitt
SUPPORTING RECORD 3.	Type of Document: photocopy of honorable discharge	By whom issued and signed: U.S. Army	Date Issued: discharged Nov. 16, 1918	Date Orig. Entry: enlisted June 4, 1918
	Date of Birth: Age 21 yrs. 10 mos.	Birth Place: Falk, Idaho	Full Name of Mother: -----	Name of Father: ------
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	fc Glenda Larson	Oct. 28, 1966

FORM BH 56067

OCT 28 1966

163-121-021-297

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 67-999

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: George Biggs Jolley		2. Date of Birth (month) April (day) 21 (year) 1896
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Franklin Idaho (Franklin) b. City or Town of Birth: Franklin Idaho
FATHER	6. Full Name of Father: George Rutledge Jolley		7. State or Country of Father's Birth: Logan, Utah, U.S.A.
MOTHER	8. Full Maiden Name of Mother: Dora Biggs		9. State or Country of Mother's Birth: Franklin, Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: George B. Jolley	11. Present Address of Registrant: Nelson Hotel, Idaho Falls
NOTARY (Seal)	Subscribed and sworn to before me on: November 10 1967	12. Signature of Notary: Karl S Hale	13. Notary Commission expires: April 5 1971

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own child's birth certificate		By whom issued and signed: On file Idaho #55950	Date Issued: -----	Date Orig. Entry: child born Dec.25,1917
	Date of Birth: Age 21	Birth Place: Idaho	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 2.	Type of Document: Statement regarding church records		By whom issued and signed: LDS Church, Richard Rydalch, Ward Clerk, Idaho Falls 4th.	Date Issued: -----	Date Orig. Entry: blessed June 4,1896
	Date of Birth: Apr.21,1896	Birth Place: Franklin, Idaho	Full Name of Mother: Dora Biggs	Name of Father: George R. Jolley	
SUPPORTING RECORD 3.	Type of Document: Insurance Policy #12992		By whom issued and signed: Beneficial Life Ins. Co. of Salt Lake City, Utah	Date Issued: July 15,1913	Date Orig. Entry: July 15,1913
	Date of Birth: Apr.21,1896	Birth Place: Franklin, Idaho	Full Name of Mother: Dora Jolley	Name of Father: -----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W W Larson	Evidence reviewed by: Glenda Larson	Date Filed: Nov. 28, 1967

FORM BH 56067

11-8-67

NOV 2 8 1967

386227-036-665

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 68-122

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: SaraBelle Thomas
2. Date of Birth (month) December (day) 27 (year) 1896
3. Color or Race: White
4. Sex: Female
5. Place of Birth a. County: Oneida
b. City or Town of Birth: Malad City, Idaho

FATHER

6. Full Name of Father: John Roberts Thomas
7. State or Country of Father's Birth: Utah

MOTHER

8. Full Maiden Name of Mother: Sarah Owens
9. State or Country of Mother's Birth: Utah

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Sara Belle Thomas
11. Present Address of Registrant: Malad City, Idaho

NOTARY (Seal)

Subscribed and sworn to before me on: January 19 1968
12. Signature of Notary: Daniel O. Jones
13. Notary Commission expires: P-6 1968

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Affidavit by person who visited Shortly after birth	Dora Jones Age: 84	Jan.19,1968	------

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Dec.27,1896	Malad City, Idaho	------	------

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
photocopy of application for ins. pol. #1-23-21004	Beneficial Protective Assoc., Inc., Pocatello, Idaho	Jul.23,1942	July 22,1942

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Dec.27,1896	Malad, Idaho	------	-----

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
family record genealogy sheet	family records	-----	obviously old

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Dec.27,1896	Malad, Idaho	Sarah Owens	John Roberts Thomas

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Barson	Glenda Larson	Feb. 1, 1968

FORM BH 56067

Application # 2254

11-14-67

FEB 1 1968

954106-030-413

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 68-392

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Donald Macnab Redwine			2. Date Of Birth (month) Jan. (day) 6 (year) 1896	
	3. Color or Race: Cauc.	4. Sex: M	5. Place of Birth a. County: Idaho / Lemhi	b. City or Town of Birth: Salmon City	
FATHER	6. Full Name of Father: Hiram G. Redwine			7. State or Country of Father's Birth: Kentucky	
MOTHER	8. Full Maiden Name of Mother: Olive Macnab			9. State or Country of Mother's Birth: Idaho	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Donald Macnab Redwine	11. Present Address of Registrant: 15047 Marble Drive, Sherman Oaks, Calif.	
NOTARY (Seal)	Subscribed and sworn to before me on: March 29, 1968		12. Signature of Notary: Joyce Orsatti	13. Notary Commission expires: JOYCE ORSATTI ~~My Commission Expires March 23~~ 1971	

APPLICANT: DO NOT WRITE BELOW THIS LINE

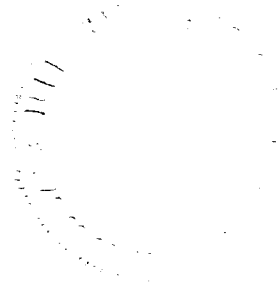
SUPPORTING RECORD 1.	Type of Document: certified copy of own child's birth certificate		By whom issued and signed: Los Angeles County, Calif.	Date Issued: Mar.26,1968	Date Orig. Entry: child born Feb. 27, 1926
	Date of Birth: Age: 30	Birth Place: Idaho	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 2.	Type of Document: Affidavit by father		By whom issued and signed: Hiram G. Redwine	Date Issued: Feb.21,1961	Date Orig. Entry: ----
	Date of Birth: Jan.6,1896	Birth Place: Salmon City,Idaho	Full Name of Mother: Olive Macnab Redwine	Name of Father: Hiram G. Redwine	
SUPPORTING RECORD 3.	Type of Document: certified copy of marriage record #13492		By whom issued and signed: Los Angeles County, Calif.	Date Issued: Feb.21,1967	Date Orig. Entry: Aug.17,1936
	Date of Birth: Age: 40	Birth Place: Idaho	Full Name of Mother: Olive Macnab	Name of Father: Hiram J. Redwine	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Barron	Evidence reviewed by: Glenda Larson	Date Filed: April 16, 1968

FORM BH 56067

3-12-68

APR 16 1968



316-223-026-236

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 68-856

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: ALICE IRENE LAWSON
2. Date of Birth (month) (day) (year): AUG. 23 1896
3. Color or Race: W.
4. Sex: F.
5. Place of Birth a. County: MENAN JEFFERSON
b. City or Town of Birth: MENAN IDAHO (County was Fremont)

FATHER

6. Full Name of Father: Ephriam Augustus Lawson
7. State or Country of Father's Birth: Ogden Weber Co. Utah

MOTHER

8. Full Maiden Name of Mother: Mary Marinda Scott
9. State or Country of Mother's Birth: SaltLake City SaltLake Utah

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Mrs Alice R. Clark
11. Present Address of Registrant: Menan Ida. 83434

NOTARY (Seal)

Subscribed and sworn to before me on: Sept. 10 1968

12. Signature of Notary: Luther C. Larsen
13. Notary Commission expires: Jan. 26 1970

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Own child's birth certificate	On file Idaho #86152	----	child born Sept.8,1920

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Age: 24	Idaho	----	----

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Certificate of Baptism and Confirmation	LDS Church, Menan Ward, Franklin Green, Bishop	Sept.3,1911	baptized Sept.2,1911

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Aug.23,1896	Menan, Idaho	Mary M. Scott	Ephriam Lawson

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Insurance Policy #620407508	Bankers Life and Casualty Co.	Nov.8,1962	Nov.7,1962

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Aug.23,1896	Idaho	----	----

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Barron	Glenda Larson	October 1, 1968

FORM BH 56067

8612 - Print out

OCT 1 1968

795-205-025-623

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 70-114

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Clara Elizabeth Greving			2. Date Of Birth (month) October (day) 5 (year) 1896
	3. Color or Race: Caucasian	4. Sex: F	5. Place of Birth a. County: Idaho	b. City or Town of Birth: Keuterville
FATHER	6. Full Name of Father: Henry Anthony Greving			7. State or Country of Father's Birth: Germany
MOTHER	8. Full Maiden Name of Mother: Pauline Wilhelmina Osterholt			9. State or Country of Mother's Birth: Germany
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Clara E Greving		11. Present Address of Registrant: 932 Burrell Avenue Lewiston, Idaho 83501
NOTARY (Seal)	Subscribed and sworn to before me on: February 2 1970	12. Signature of Notary: William J. Jones		13. Notary Commission expires: May 28 1970

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own child's birth certificate	By whom issued and signed: On file Idaho #76666	Date Issued: Jan.5,1970 copy made	Date Orig. Entry: child born Jan.26,1920
	Date of Birth: Age: 23	Birth Place: Idaho	Full Name of Mother: ----	Name of Father: ----
SUPPORTING RECORD 2.	Type of Document: Notarized photocopy of page from book of history	By whom issued and signed: History of North Idaho, published by Western Historical Pub.Co.	Date Issued: Feb.4,1970	Date Orig. Entry: published in 1903
	Date of Birth: Oct.5,1896	Birth Place: Keuterville,Idaho	Full Name of Mother: Pauline Osterholt	Name of Father: Henry A. Greving
SUPPORTING RECORD 3.	Type of Document: Certified copy of marriage affidavit records	By whom issued and signed: Adams County, Washington	Date Issued: Feb.3,1970	Date Orig. Entry: Oct.23,1917
	Date of Birth: Age: 21	Birth Place: ---	Full Name of Mother: ----	Name of Father: ----
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
D W Barson	Glenda Larson	Feb. 9, 1970

FORM BH 56067

1-21-71

FEB 10 1970

713-211-001-154

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE71-769

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Helen Marie Palmer		2. Date Of Birth: (month) June (day) 11 (year) 1896	
	3. Color or Race: Caucasion	4. Sex: F	5. Place of Birth. a. County: Ada	b. City or Town of Birth: Meridian
FATHER	6. Full Name of Father: William Alston Palmer		7. State or Country of Father's Birth: Idaho	
MOTHER	8. Full Maiden Name of Mother: Bertha Nora Anderson		9. State or Country of Mother's Birth: Arkansas	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Helen Marie Simpson	11. Present Address of Registrant: 1111 North 9th, Boise	
NOTARY (Seal)	Subscribed and sworn to before me on: November 8 19 71	12. Signature of Notary: S. A. Coppel	13. Notary Commission expires: April 7 1974	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Photocopy of Own childs birth certificate - Certified copy	By whom issued and signed: State of Idaho File # 37969	Date Issued: Nov.1,1971	Date Orig. Entry: Child born March 9, 1916
	Date of Birth: Age 19 yrs / Birth Place: Idaho	Full Name of Mother: ------	Name of Father: --------	
SUPPORTING RECORD 2.	Type of Document: Affidavit by Aunt Age 85 yrs	By whom issued and signed: Julia I. Lewis	Date Issued: Nov.8,1971	Date Orig. Entry: ------
	Date of Birth: June 11,1896 / Birth Place: Meridian,Idaho	Full Name of Mother: Bertha Nora Anderson	Name of Father: William Alston Palmer	
SUPPORTING RECORD 3.	Type of Document: Marriage Record	By whom issued and signed: Ada County Idaho Clarence A. Planting- Recorder	Date Issued: Nov.9,1971	Date Orig. Entry: June 16,1915
	Date of Birth: Age 19 yrs / Birth Place: Idaho	Full Name of Mother: --------	Name of Father: --------	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: sl Sue Lowe	Date Filed: Nov. 9,1971

FORM BH 56067

10-29-71

NOV 9 1971

154-128-010-269

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 72-390

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Elmer Maurity Anderson
2. Date Of Birth: (month) Feb. (day) 28 (year) 1896
3. Color or Race: White
4. Sex: Male
5. Place of Birth: a. County: Bonneville; b. City or Town of Birth: Idaho Falls

FATHER

6. Full Name of Father: Fred Edward Anderson
7. State or Country of Father's Birth: Sweden

MOTHER

8. Full Maiden Name of Mother: Bertha Börjeson
9. State or Country of Mother's Birth: Sweden.

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Elmer Ty Anderson
11. Present Address of Registrant: 574 J St. Idaho Falls, Idaho

NOTARY (Seal)

Subscribed and sworn to before me on January 26th 1965

12. Signature of Notary: Anna M. Sahe
13. Notary Commission expires: 6-1 1967

APPLICANT-- DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document: Statement regarding hospital records
By whom issued and signed: Sacred Heart Hospital, Idaho Falls, Idaho
Date Issued: Jan.18,1965
Date Orig. Entry: Jan.21,1957
Date of Birth: Feb.28,1896
Birth Place: ----
Full Name of Mother: ------
Name of Father: ------

SUPPORTING RECORD 2.

Type of Document: Statement regarding lodge records by E.G. Moore, Sec.
By whom issued and signed: Benevolent & Protective Order of Elks,1087, ~~Idaho~~ Falls,
Date Issued: Jan.4,1965
Date Orig. Entry: May 25, 1926
Date of Birth: Feb. 28, 1896
Birth Place: Idaho Falls,Idaho Bonneville County
Full Name of Mother: -----
Name of Father: -----

SUPPORTING RECORD 3.

Type of Document: photocopy of application for social security #518-46-0084
By whom issued and signed: Social Security Adm.
Date Issued: ---
Date Orig. Entry: March 13,1957
Date of Birth: Feb.28,1896
Birth Place: Idaho Falls,Idaho
Full Name of Mother: Bertha Borjeson
Name of Father: Fred E. Anderson

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: W W Barsom
Evidence reviewed by: gml Glenda Larson
Date Filed: June 13, 1972

FORM BH 56067

1 cp. pd. rec # 9467

2-3-65 gml.

JUN 14 1972

Andersen

793-214-016-363

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 73-211

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: MYRTLE KUMORAH PICKETT
2. Date Of Birth (month) (day) (year): NOVEMBER 14 1896
3. Color or Race: WHITE
4. Sex: FEMALE
5. Place of Birth a. County: CASSIA
b. City or Town of Birth: MARION (MAILING ADDRESS: OAKLEY)

FATHER

6. Full Name of Father: HYRUM PICKETT
7. State or Country of Father's Birth: UTAH

MOTHER

8. Full Maiden Name of Mother: MINNIE TOLMAN
9. State or Country of Mother's Birth: UTAH

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Myrtle Kumorah Pickett
11. Present Address of Registrant: 401 HOLLY, APT. 17 NAMPA, IDAHO 83651

NOTARY (Seal)

Subscribed and sworn to before me on: March 23 1973

12. Signature of Notary: Audrey Anderson
13. Notary Commission expires: March 10 1977

APPLICANT — DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Church Certificate of Birth	L.D.S.Church	Mar.15,1973	Recorded Jan.3,1897
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	Nov.14,1896 / Marion, Idaho	Minnie T.Tolman	Hyrum Pickett	
SUPPORTING RECORD 2.	Hospital Record	Samaritan Community Hospital	Mar.16,1973	Admitted Jun.14,1962
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	Age 65 / Idaho	-------	-------	
SUPPORTING RECORD 3.	Own childs birth certificate	on file - Idaho # 74469	-----	child born Nov.20,1919
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	Age 23 / Idaho	-----	-------	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	Florence Curtright	Mar.26,1973

FORM BH 56067

3-1-73

MAR 26 1973

112

-81.184

212-230-033-212

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 73-743

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Maud Baker			2. Date Of Birth (month) (day) (year): January 30, 1896
	3. Color or Race: Caucasian	4. Sex: Female	5. Place of Birth a. County: Madison	b. City or Town of Birth: Teton City
FATHER	6. Full Name of Father: John Rupert Baker			7. State or Country of Father's Birth: Mendon, Cache, Utah
MOTHER	8. Full Maiden Name of Mother: Sarah Jane Bassett			9. State or Country of Mother's Birth: Cardiff, Glamorganshire, Wales
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Maude B. Sorenson		11. Present Address of Registrant: 442 N. 250 W. Sonset, UT 84015
NOTARY (Seal)	Subscribed and sworn to before me on: December 7 1973	12. Signature of Notary: Clarice Rigby		13. Notary Commission expires: _____ 19____

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certified copy of affidavit for marriage license		By whom issued and signed: Fremont County, Idaho	Date Issued: Sep.18,1973	Date Orig. Entry: Aug.7,1919
	Date of Birth: Age: 23	Birth Place: ----	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 2.	Type of Document: photocopy of patriarchal blessing		By whom issued and signed: Nephi J.Valentine,Patriarch, Brigham City, Utah	Date Issued: ---	Date Orig. Entry: Sep.14,1948
	Date of Birth: Jan.30,1896	Birth Place: Teton City,Idaho	Full Name of Mother: Sarah Bassett	Name of Father: John R. Baker	
SUPPORTING RECORD 3.	Type of Document: photocopy of pages from "Simon Baker and His Descendants"		By whom issued and signed: compiled by Emma Baker Sorensen, Utah Printing Company	Date Issued: ---	Date Orig. Entry: 1964
	Date of Birth: Jan.30,1896	Birth Place: Teton, Idaho	Full Name of Mother: Sarah Jane Bassett Baker	Name of Father: John Rupert Baker	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: Janet M. Wick	Evidence reviewed by: gml Glenda Larson	Date Filed: DEC 18 1973

FORM BH 56067

DEC 19 1973



132-218-036-275

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE74-024

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Mae E. Atkinson
2. Date Of Birth (month) June (day) 18 (year) 1896
3. Color or Race: White
4. Sex: F.
5. Place of Birth a. County: Oneida - now Franklin
b. City or Town of Birth: Dayton, Idaho

FATHER

6. Full Name of Father: Fredrick Henry Atkinson
7. State or Country of Father's Birth: Standground Hunts, England

MOTHER

8. Full Maiden Name of Mother: Matilda Adelaide Sperry
9. State or Country of Mother's Birth: North Ogden Weber, Utah

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Mae E. Perkins
11. Present Address of Registrant: 146 Addison Ave. West, Twin Falls, Idaho

NOTARY (Seal)

Subscribed and sworn to before me on January 15, 1974

12. Signature of Notary: Corinne Stafford
13. Notary Commission expires June 15, 1976

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Own childs birth certificate	State of Idaho Fiel#47411	---------	Child born Jan.29,1917

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Age 20 yrs	Idaho	----------	----------

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Insurance Policy #292564	Western Life Insurance Co.	Dec.17,1961	--------

Date of Birth	Birth Place	Full Name of Mother	Name of Father
June 18,1896	Dayton, Idaho	---------	---------

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Church Record	LDS Church	-----	Baptized Oct.24 1904

Date of Birth	Birth Place	Full Name of Mother	Name of Father
June 18,1896	Dayton, Idaho	Matilda Adelaide Sperry	Frederick Henry Atkinson

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	sl Sue Lowe	Jan. 21, 1974

FORM BH 56067

JAN 21 1974

292-209-010-662

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 74-138

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Hazel Dawn Sibbett			2. Date Of Birth (month) (day) (year): January 9, 1896
	3. Color or Race: White	4. Sex: female	5. Place of Birth a. County: Gray's Lake Bonneville	b. City or Town of Birth: Gray's Lake, Idaho
FATHER	6. Full Name of Father: Hugh Greenfield Sibbett			7. State or Country of Father's Birth: Utah
MOTHER	8. Full Maiden Name of Mother: Mary Ann Foss			9. State or Country of Mother's Birth: Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Hazel Dawn Sibbett Leonard 3586 S 5th W		11. Present Address of Registrant
NOTARY (Seal)	Subscribed and sworn to before me on: March 11 19 74	12. Signature of Notary: [illegible]		13. Notary Commission expires: 1-18-76 19

APPLICANT -- DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: photocopy of affidavit by mother		By whom issued and signed: Mary Sibbett	Date Issued: May 13,1952¢	Date Orig. Entry: ---
	Date of Birth: Jan.9,1896	Birth Place: Gray's Lake,Idaho	Full Name of Mother: Mary Sibbett	Name of Father: ----	
SUPPORTING RECORD 2.	Type of Document: photocopy of statement regarding insurance policy		By whom issued and signed: Metropolitan Life Ins. Co., #274,695 MI	Date Issued: June 25,1952	Date Orig. Entry: Sept.1,1937
	Date of Birth: Jan.9,1896	Birth Place: Idaho	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 3.	Type of Document: Federal Census Record Bingham Co.,Grays Prec.,Idaho		By whom issued and signed: U. S. Department of Commerce Bureau of the Census	Date Issued: Mar.5,1974	Date Orig. Entry: June 1, 1900
	Date of Birth: Jan. 1896	Birth Place: Idaho	Full Name of Mother: Mary F. Sibbett	Name of Father: Hugh Sibbett	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: Janet M. Mick	Evidence reviewed by: gml Glenda Larson	Date Filed: MAR 25 1974

FORM BH 56067

1 cp. pd rec'd 15910

"5" 6-7-71 gml

MAR 2 6 1974

997-22-014-962

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 74-219

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Luella Agnes Rigly			2. Date Of Birth (month) (day) (year): November 21, 1896
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Canyon	b. City or Town of Birth: Caldwell
FATHER	6. Full Name of Father: William Rigley			7. State or Country of Father's Birth: Texas
MOTHER	8. Full Maiden Name of Mother: Lina May Robertson			9. State or Country of Mother's Birth: Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Luella Horner		11. Present Address of Registrant: 108 South 5th Apt #27-Boise
NOTARY (Seal)	Subscribed and sworn to before me on: April 24, 1974	12. Signature of Notary: Glenda Mae Larson		13. Notary Commission expires: September 15, 1976

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: affidavit by mother	By whom issued and signed: Lina M Fishback	Date Issued: April 3, 1962	Date Orig. Entry: -------
	Date of Birth: Nov. 21, 1896 / Birth Place: Caldwell, Idaho	Full Name of Mother: Lina May Robertson	Name of Father: William Rigly	
SUPPORTING RECORD 2.	Type of Document: Own child's birth certificate	By whom issued and signed: On file Idaho #78403	Date Issued: ---	Date Orig. Entry: child born April 8, 1920
	Date of Birth: Age: 23 / Birth Place: Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: Application for federal employment	By whom issued and signed: U.S. Civil Service Comm., 11th Region, Seattle, Washington	Date Issued: July 11, 1957	Date Orig. Entry: July 11, 1957
	Date of Birth: Nov. 21, 1896 / Birth Place: Caldwell, Idaho	Full Name of Mother: ---	Name of Father: ---	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	sm Glenda Larson	APR 24 1974

FORM BH 56067

APR 24 1974
APR 25 1974

Victoria's birth certificate
78403
168694

415-127-006-433

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE:75-481

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: LOVELL WILLIAM DANILSON
2. Date Of Birth (month) (day) (year): SEPT. 27. 1896
3. Color or Race: WHITE
4. Sex: M
5. Place of Birth a. County: ONIDA - BINGHAM
b. City or Town of Birth: BLACKFOOT

FATHER

6. Full Name of Father: WILLIAM HOWARD DANILSON
7. State or Country of Father's Birth: SOUTH CAROLINA

MOTHER

8. Full Maiden Name of Mother: SARAH McCRACKIN
9. State or Country of Mother's Birth: UTAH

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Lovell W Danilson
11. Present Address of Registrant: 464 NE PRESCOTT PORT

NOTARY (Seal)

Subscribed and sworn to before me on: october 10 1973

12. Signature of Notary: [signature]
13. Notary Commission expires: Notary Public for Oregon. 1-4 1976

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
photocopy of application for insurance policy	The Penn Mutual Life Ins. Co. Philadelphia, PA	---	May 5,1921

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Sep.27,1896	---	----	----

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Own child's birth certificate	On file Idaho #68216	----	child born Apr.30,1919

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Age: 22	Idaho	---	----

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Application for Social Security Number 542-01-2680	U.S. Treasury Dept.	1/24/74	11/25/36

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Sept.27,1896	Blackfoot,ID.	Sarah M. McCrackin	William Howard Danilson

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

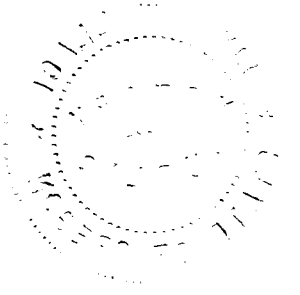
I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Ulick	gml Margaret Davis	AUG 8 1975

FORM BH 56067

7-3-73

AUG 1 5 1975



362-11-022-864

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE78-143

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Ward Homer Costley			2. Date Of Birth (month) March (day) 11 (year) 1896
	3. Color or Race: Cau.	4. Sex: male	5. Place of Birth a. County: Fremont	b. City or Town of Birth: St. Anthony
FATHER	6. Full Name of Father: Richard Joseph Costley			7. State or Country of Father's Birth: Highland, Wisconsin
MOTHER	8. Full Maiden Name of Mother: Rebecca Homer			9. State or Country of Mother's Birth: Brigham City, Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Ward H. Costley		11. Present Address of Registrant: RFD Rt 4 Rigby, Ida
NOTARY (Seal)	Subscribed and sworn to before me on 3-15- 1978	12. Signature of Notary: Allen Dyo		13. Notary Commission expires: My Commission Expires Rigby, Idaho 19

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Military discharge	By whom issued and signed: U.S. Marine Corps	Date Issued: June20,1919	Date Orig. Entry: enlisted Dec.21,1917
	Date of Birth: Mar.11,1896 / Birth Place: St. Anthony, Idaho	Full Name of Mother: ----------	Name of Father: ----------	
SUPPORTING RECORD 2.	Type of Document: Insurance application	By whom issued and signed: Banker's Life Company	Date Issued: Mar.17,1978	Date Orig. Entry: Jan.14,1925
	Date of Birth: Mar.11,1896 / Birth Place: St. Anthony, Idaho	Full Name of Mother: ----------	Name of Father: ----------	
SUPPORTING RECORD 3.	Type of Document: notarized copy Church record	By whom issued and signed: LDS Church	Date Issued: Apr.6,1978	Date Orig. Entry: obviously old
	Date of Birth: Mar.11,1896 / Birth Place: St. Anthony, Idaho	Full Name of Mother: Rebecca Homer	Name of Father: Richard Joseph Costley	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Mick	Colleen Cunningham cdcc	APR 12 1978

FORM BH 56067 lcc # 3040

3-13-78

Cooley

APR 13 1978

363-226-025-993

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 79-069

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Jessie Geraldine Colvin			2. Date Of Birth (month) (day) (year): April 26 1896
	3. Color or Race: W	4. Sex: F	5. Place of Birth a. County: Idaho	b. City or Town of Birth: Grangeville
FATHER	6. Full Name of Father: James Leisure Colvin			7. State or Country of Father's Birth: Nebraska - U.S.A.
MOTHER	8. Full Maiden Name of Mother: Mary Ruami Rice			9. State or Country of Mother's Birth: WASHINGTON - U.S.A.
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Jessie G. Baker		11. Present Address of Registrant: 2919 Rymiker Dr Boise Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: Feb 19 1979	12. Signature of Notary: Iona Diddick		13. Notary Commission expires: Nov 24 1981

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Voting Record	By whom issued and signed: Grangeville Precinct # 4		Date Issued: Registered	Date Orig. Entry: Nov. 30, 1936
	Date of Birth: Apr 26, 1896	Birth Place: Idaho	Full Name of Mother: -------		Name of Father: --------
SUPPORTING RECORD 2.	Type of Document: Hospital Record	By whom issued and signed: Grangeville Hospital		Date Issued: 1979	Date Orig. Entry: Admitted Jun 6, 1968
	Date of Birth: Apr. 26, 1896	Birth Place: Grangeville	Full Name of Mother: Mary Rice		Name of Father: James Colvin
SUPPORTING RECORD 3.	Type of Document: Own child's birth certificate	By whom issued and signed: # 55 on file - Washington		Date Issued: May 3, 1922	Date Orig. Entry: Child born ~~Apr. 22, 1922~~
	Date of Birth: Age 25	Birth Place: Grangeville, Ida	Full Name of Mother: -------		Name of Father: -------
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: Janet M. Wick	Evidence reviewed by: Florence Curtright	Date Filed: Feb. 26, 1979

FORM BH 56067

2-6-79

FEB 26 1979

Chalfant



933214-036-562

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE79-326

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Isabella Illum			2. Date Of Birth (month) (day) (year): October 14, 1896
	3. Color or Race: White	4. Sex: female	5. Place of Birth a. County: Oneida	b. City or Town of Birth: St. John
FATHER	6. Full Name of Father: Peter H. Illum			7. State or Country of Father's Birth: Denmark
MOTHER	8. Full Maiden Name of Mother: Jane Noble			9. State or Country of Mother's Birth: Scotland
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Isabella D Anderson		11. Present Address of Registrant: 12000 S.W. King Fed. Dr. Tigard, Ore.
NOTARY (Seal)	Subscribed and sworn to before me on: April 17 1979	12. Signature of Notary: Florence Curtright		13. Notary Commission expires: Lifetime 19___

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Church record of birth	By whom issued and signed: L. D. S. Church	Date Issued: July 26,1961	Date Orig. Entry: Recorded June 4, 1905
	Date of Birth: Oct.14,1896 / Birth Place: St. John, Idaho	Full Name of Mother: Jane Noble	Name of Father: Peter H. Illum	
SUPPORTING RECORD 2.	Type of Document: Own child's birth certificate	By whom issued and signed: on file - Idaho - # 68216	Date Issued: -----	Date Orig. Entry: child born Apr.30,1919
	Date of Birth: Age 22 / Birth Place: Idaho	Full Name of Mother: -------	Name of Father: ---------	
SUPPORTING RECORD 3.	Type of Document: Social Security Account #	By whom issued and signed: Internal Revenue Service	Date Issued: Sep.5,1979	Date Orig. Entry: Aug.28,1963
	Date of Birth: Oct.14,1896 / Birth Place: Idaho	Full Name of Mother: Jane G. Noble	Name of Father: ----------	
QUALIFYING INFORMATION				
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.			
	State Registrar: Janet M. Wick	Evidence reviewed by: fc Colleen Cunningham	Date Filed: SEP 12 1979	

FORM BH 56067

LC # 24432

2-5-79

Danilson

SEP 13 1979

613-131-026-268

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE79-367

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: William Boyce Walker
2. Date Of Birth: (month) JULY (day) 31 (year) 1896
3. Color or Race: white
4. Sex: male
5. Place of Birth: a. County Jefferson; b. City or Town of Birth: lewisville Idaho

FATHER

6. Full Name of Father: Don Carlos Walker
7. State or Country of Father's Birth: Utah (county unsure)

MOTHER

8. Full Maiden Name of Mother: Ann Boyce
9. State or Country of Mother's Birth: Utah (Holiday Utah)

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: William Boyce Walker
11. Present Address of Registrant: Right # Idaho 83442

NOTARY (Seal)

Subscribed and sworn to before me on October 15 1979

12. Signature of Notary: Robert Crowley Jr
13. Notary Commission expires: Lifetime 19

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Affidavit by family friend	Jas. Ellis, age 97	Oct.15,1979	Oct.15,1979

Date of Birth	Birth Place	Full Name of Mother	Name of Father
July31,1896	Lewisville, ID	Ann Boyce	Don Carlos Walker

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Blessing	LDS Church	Oct.20,1976	blessed Sep.3,1896

Date of Birth	Birth Place	Full Name of Mother	Name of Father
July31,1896	Lewisville, ID	Ann T. Boyse	Don C. Walker

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Baptism	LDS Church	Oct.20,1976	baptized

Date of Birth	Birth Place	Full Name of Mother	Name of Father
July31,1896	Lewisville, ID	Ann T. Boyse	Don C. Walker July31,1904

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	Colleen Cunningham	OCT 25 1979

FORM BH 56067

OCT 25 1979